2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004851

INC.

HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION,

FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90071 025 ****61.25

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					1	Taki					
Principal Place 2476 N. ESS HERNANDO,			Mailing Address 2476 N. ESSEX AVE. HERNANDO, FL 3444	2					2402	26476	6
2. Principal Place of Business 2450 N Citrus Hills Blvd. 3. Mailing Address 2450 N Citr			rus H	ills	B1vd						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	2450 N Citrus Hills Blvd Suite, Apt. #, etc.			03022004 CH	ıg-NP	CB3E03	7 /±0/02\	
City & Star	la .		City & State			Ong-M OneEdd7 (10/03)					
•	ndo, FL		Hernando, FL			4. FEI Number Applied For 59-3468199 Not Applicable					
^{Zip} 34442	Zip Country 34442 3			Zip Country 34442			5. Certificate of Status Desired See Required Fee Required				
· · · · · · · · · · · · · · · · · · ·	6. Name a	ind Address of Current	Registered Agent			I	7. Name and Add	ress of New Res		<u>.</u>	·
TRINGALI	, MICHAEL	j			Name			•			
2450 N. C	ITRUS HILL	.S BLVD.			Street Ad	ddress (F	P.O. Box Number is N	Not Acceptable)			
HEINMINE	00, FL 3444	42									
					City				FL	Zip Cod	е
8. The above	named entity stions of register	submits this statement fo	r the purpose of changing its	registere	ed office or	registere	ed agent, or both, in t	the State of Flori	da. I am fa	.T. imiliar with,	and accept
and deliga	•	•									
SIGNATURE	m_: 0	printed name of registered agent a	人	_				3	-18-04	L	
	Signature, typed or	printed name of registered agent a	and title if applicable. (NOT	E: Registered	d Agent signatu	re required	when reinstating)	·	DATE		
	Filing Fee Due by Ma		9. Election Ca Trust Fund				\$5.00 May Be Added to Fees			payable to nent of Si	4.00 M
10.		OFFICERS AND DIF	RECTORS	11.		A	DDITIONS/CHANGE	S TO OFFICERS	AND DIR	ECTORS IN	10
TITLE NAME	PD	IOHN D	☐ Delete	TITLE		PD				Change	☐ Addition
STREET ADDRESS	DONHUE, J 407 W. DOE			NAME STREE			HUE, JOHN I				
CITY-ST-ZIP	1	O, FL 34442			SI-ZIP		W. DOERR Pa				
TITLE	VPD		☑ Delete	TITLE		HERN. VPD	ANDO, FL 34	+442		⊠ Change	☐ Addition
NAME STREET ADDRESS		, WILLIAM A BSON POINT		NAME			T, ROBERT				
CITY-ST-ZIP		0, FL 34442			ET ADDRESS ST-ZIP		W DOERR P	ATH			
TITLE	TD	5,12 04442	☐ Defete				NANDO, FL			(-1 a)	
NAME	ROSEN, RIG	CHARD J	f"1 Delete	TITLE		TD	ROSEN, J.			Change	☐ Addition
STREET ADDRESS	283 W. DOE	ERR PATH			ET ADDRESS	10	283 W. DOI				j
CITY - ST - ZIP	HERNANDO	O, FL 34442		CITY-	ST-ZIP		HERNANDO.		2		İ
TITLE	SD		☐ Delete	TITLE			TIERRANDO,	<u> </u>		☐ Change	☐ Addition
NAME	STERN, NO			NAME							
STREET ADDRESS CITY-ST-ZIP	PO BOX 20	17 S. FL 34451			ET ADDRESS						
		3, FL 34431		-	ST-ZIP						
TITLE NAME	D MASON, DA	ANIFI R	☐ Delete	TITLE	I					☐ Change	☐ Addition
STREET ADDRESS	46 W. DOE			NAME	T ADDRESS						ļ
CITY-ST-ZIP		D, FL 34442			ST-ZIP						ì
TITLE	. <u> </u>		Delete	TITLE					 -	Change	Addition
NAME			CJ Delete	NAME					,	Ouguye	T VOORION
STREET ADDRESS					T ADDRESS						ļ
CITY-ST-ZIP				CITY-	ST-ZIP						ļ
12 Lhereby r	artify that the in	nformation supplied with	this filing does not qualify to	the even	antion state	die Coo	tion 110 07(0)(i) Fin-	data Ctata da a 1 6		the same	

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the resember or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

352846, 1402

Daytime Phone #