


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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1. Entity Name
 HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 2476 N. ESSEX AVE.
 HERNANDO, FL 34442

Mailing Address
 2476 N. ESSEX AVE.
 HERNANDO, FL 34442

24026476

2. Principal Place of Business
 2450 N Citrus Hills Blvd.

3. Mailing Address
 2450 N Citrus Hills Blvd

Suite, Apt. #, etc.

City & State
 Hernando, FL

City & State
 Hernando, FL

Zip
 34442

Country

Zip
 34442

Country



03022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

TRINGALI, MICHAEL J
 2450 N. CITRUS HILLS BLVD.
 HERNANDO, FL 34442

4. FEI Number
 59-3468199

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael J. Tringali DATE 3-18-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONHUE, JOHN R 407 W. DOERR PATH HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE, JOHN R 407 W. DOERR Path HERNANDO, FL 34442 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DITTMORE, WILLIAM A 1977 N. GIBSON POINT HERNANDO, FL 34442 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HNAT, ROBERT 534 W DOERR PATH HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, RICHARD J 283 W. DOERR PATH HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSEN, J. RICHARD 283 W. DOERR PATH HERNANDO, FL 34442 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERN, NORMA J PO BOX 2017 INVERNESS, FL 34451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, DANIEL R 46 W. DOERR PATH HERNANDO, FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee 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.

SIGNATURE: John R. Donahue DATE 3/18/04 DAYTIME PHONE # 352 846 1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR