

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90038 038 ****61.25



DOCUMENT # N97000004851

1. Entity Name

HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

2450 N CITRUS HILLS BLVD.
HERNANDO FL 34442

Mailing Address

2450 N CITRUS HILLS BLVD.
HERNANDO FL 34442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3468199

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE, JOHN R 407 W. DOERR PATH 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 type="checkbox"/> Delete
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	SD STERN, NORMA J PO BOX 2017 INVERNESS FL 34451	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, DANIEL R 46 W. DOERR PATH HERNANDO FL 34442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BILL NICHOLS 1947 N. GIBSON PT. HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALE SOMMERS 649 W. DOERR PATH HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED VOELKER 306 W. DOERR PATH HERNANDO, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K HNAT, PRESIDENT

Date

3/17/05

Daytime Phone #

352-746-2889