


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 049 ****61.25

DOCUMENT # N97000004851					
1. Entity Name HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2541 N RESTON TERR HERNANDO, FL 34442		Mailing Address 2541 N RESTON TERR HERNANDO, FL 34442			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3468199	
Applied For Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRINGALI, MICHAEL J 2541 N RESTON TERR HERNANDO, FL 34442			Name Cabana & Company Inc 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 <i>Michelle Hayden Cabana & Co Inc</i>			DATE 3/29/07		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, BILL		NAME	Norma Stern	
STREET ADDRESS	1947 N. GIBSON PT		STREET ADDRESS	33 W Doerr Path	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Hernando FL 34442	
TITLE	SO	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY, LINDA		NAME	John Bechler	
STREET ADDRESS	716 W DOERR PATH		STREET ADDRESS	346 W Doerr Path	
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP	Hernando FL 34442	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTMORE, BILL		NAME		
STREET ADDRESS	1972 N GIBSON		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	ACB	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERESSI, HOWIE		NAME		
STREET ADDRESS	1901 N GIBSON PL		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ED		NAME		
STREET ADDRESS	725 W DOERR PATH		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Paul Wyatt - ACB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	505 W Doerr Path	
CITY-ST-ZIP			CITY-ST-ZIP	HERNANDO, FL 34442	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ed Anderson</i>			DATE: 3/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

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