

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90144 048 \*\*\*\*61.25

UBR2003

**DOCUMENT # N97000004851**

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**

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3468199** Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABEL, ERIC D  
2476 N ESSEX AVENUE  
HERNANDO FL 34442**

7. Name and Address of New Registered Agent  
Name: **Alvah L. Cox**  
Street Address (P.O. Box Number is Not Acceptable): **2450 N Citrus Hills Blvd**  
City: **Hernando** FL Zip Code: **34442**

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]* DATE: **4/2/07**

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

**FILE NOW: FEE IS \$61.25**

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: <b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ABEL, ERIC D</b>		NAME: <b>John R. Donhue</b>	
STREET ADDRESS: <b>2476 N. ESSEX AVE</b>		STREET ADDRESS: <b>407 W Doerr Path</b>	
CITY-ST-ZIP: <b>HERNANDO FL 34442</b>		CITY-ST-ZIP: <b>Hernando, fl 34442</b>	
TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>PASTOR, JOHN E</b>		NAME: <b>William A. Dittmore</b>	
STREET ADDRESS: <b>2476 N ESSEX AVENUE</b>		STREET ADDRESS: <b>1977 N Gibson Point</b>	
CITY-ST-ZIP: <b>HERNANDO FL 34442</b>		CITY-ST-ZIP: <b>Hernando, FL 34442</b>	
TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BAZEMORE, LISA</b>		NAME: <b>J. Richard Rosen</b>	
STREET ADDRESS: <b>2476 N ESSEX AVENUE</b>		STREET ADDRESS: <b>283 W Doerr Path</b>	
CITY-ST-ZIP: <b>HERNANDO FL 34442</b>		CITY-ST-ZIP: <b>Hernando, FL 34442</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CRAIG, AVIS M</b>		NAME: <b>Norma J. Stern</b>	
STREET ADDRESS: <b>2476 N. ESSEX AVE.</b>		STREET ADDRESS: <b>P. O. Box 2017</b>	
CITY-ST-ZIP: <b>HERNANDO FL 34442</b>		CITY-ST-ZIP: <b>Inverness, FL 34451</b>	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE: <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>FUHST, RICHARD</b>		NAME: <b>Daniel R. Mason</b>	
STREET ADDRESS: <b>17 W. DOERR PATH</b>		STREET ADDRESS: <b>46 W Doerr Path</b>	
CITY-ST-ZIP: <b>HERNANDO FL 34442</b>		CITY-ST-ZIP: <b>Hernando, FL 34442</b>	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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 REQUIRED John R. Donhue 4/2/03 352746-1400**

CR2E037 (10/02)