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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004131

1. Entity Name

HILLCREST HOMES OF LAKE DAVENPORT HOMEOWNERS ASSOCIATION, INC.

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1633 E VINE ST #110 KISSIMMEE FL 34744	1633 E VINE ST #110 KISSIMMEE FL 34744

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 59-3592199 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LELAND MANAGEMENT, INC. 1633 E VINE ST #110 KISSIMMEE FL 34744	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: Claudette Brown (see) DATE

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
After September 10, 2003, min will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSES, CHITRAKIA 107 MILLER AVE BROOKLYN NY 11207	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NeVille BLACKWOOD 253-64 148 Rd ROSEDALE NY 11422	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WALCOTT, VERONICA 2579 FLINT AVE BRONX NY 10475	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr LENNOX PHILLIPS 916 E 38 St BROOKLYN NY 11210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CROSS, DORIAN 57 ST. PAUL PLACE MT VERNON NY 10550	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec CLAUDETTE BROWN 811 EASTFIELD RD WESTBURY NY 11590	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FACCIO, CARMEN 8264 51ST AVE ELMHURST NY 11373	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORBES, MILLICENT 229-27 EGGEWOOD AVE SPRINGFIELD GARDENS NY 11413	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RODRIGUEZ, LUZ 8264 51ST AVE ELMHURST NY 11373	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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: Claudette Brown (SIGNATURE REQUIRED) DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #