

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18588 (6)**
1. Corporation Name
HILLVIEW HOMEOWNERS ASSOCIATION INC.

FILED

95 JAN 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 166
PENSACOLA FL 32591

Mailing Address
P.O. BOX 166
PENSACOLA FL 32591

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1986	3a. Date of Last Report 04/11/1994
4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**WINDSOR, EVAM
9852 HILLVIEW RD.
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3.	
B4. City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON DONALD	1.2 NAME	
STREET ADDRESS	10030 AUTUMN LN	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, VIRGINIA	2.2 NAME	
STREET ADDRESS	9441 PLAINFIELD AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WINDSOR, EVAM	3.2 NAME	
STREET ADDRESS	9852 HILLVIEW RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	SUTTON, RICHARD	4.2 NAME	
STREET ADDRESS	1701 DAVID ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 this 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EVAM WINDSOR 01-17-95 904-476-5303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Title