

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90119 035 ****61.25

DOCUMENT # N11088

1. Entity Name

HILLCREST VILLAGE PROPERTY OWNERS ASSOCIATION, I

Principal Place of Business

Mailing Address

6220 W CORPORATE OAKS
CRYSTAL RIVER FL 34429
US

6220 W CORPORATE OAKS DR
CRYSTAL RIVER FL 34429-8723
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2588309

Applied For
Not

Zip

Country

Zip

Country

34429-8723

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

SCHLUMBERGER, ROBERT
6220 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **LUDWICK, MICHELLE**
STREET ADDRESS **1612 NO MARLBOROUGH LOOP**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **T** ☐ Delete
NAME **JAMES, CURTIS**
STREET ADDRESS **6004 W DOUNERAY LP**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ Delete
NAME **BROKROFF, ED**
STREET ADDRESS **1567 N MARLBOROUGH LP**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **P** ☒ Delete
NAME **WAITE, SUMNER**
STREET ADDRESS **1384 N HUNTERSTON PT**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☐ Delete
NAME **WILSON, RICHARD**
STREET ADDRESS **15994 N MARLBOROUGH LP**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

TITLE **D** ☒ Delete
NAME **AMARAL, PHYLLIS**
STREET ADDRESS **5945 W DOUNERAY LP**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **BROKHOFF, ED**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP. LINDBERG, BOB**
STREET ADDRESS **1455 N. CHAPEL CROSS LP.**
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D ABELL JOSEPH**
STREET ADDRESS **1403 N. CHAPEL CROSS LP.**
CITY-ST-ZIP **CRYSTAL RIVER FL 34429**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 (352) 795-7719
Date Daytime Phone #