

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N18588

1. Entity Name

HILLVIEW HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

P.O. BOX 166
PENSACOLA FL 32591

Mailing Address

P.O. BOX 166
PENSACOLA FL 32591

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

NO-T APPLICABLE

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

WINDSOR, EVA M
9852 HILLVIEW RD.
PENSACOLA FL 32514

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

EVA M WINDSOR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE: SD
NAME: COOK, ELIZABETH
STREET ADDRESS: 9007 AUTUMN LANE
CITY- ST- ZIP: PENSACOLA FL 32514 ☐ Delete

TITLE: T
NAME: WINDSOR, EVA M
STREET ADDRESS: 9852 HILLVIEW RD.
CITY- ST- ZIP: PENSACOLA FL 32514 ☐ Delete

TITLE: PD
NAME: THOMAS, DAVID
STREET ADDRESS: 9916 HILLVIEW RD.
CITY- ST- ZIP: PENSACOLA FL 32514 ☐ Delete

TITLE: VD
NAME: JOHNSON, DAVID
STREET ADDRESS: 9441 PLAINFIELD AVE
CITY- ST- ZIP: PENSACOLA FL 32514 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: U000000025963
CITY- ST- ZIP: 02/02/04-80126-023 61.25

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

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

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:

Eva M Windsor

EVA M WINDSOR

01-26-04 4765303