

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|---------------------------------|--|---|---|--|
| DOCUMENT # 730270 1. Entity Name HILLHOUSE MANAGEMENT, INC. | | | | | |
| Principal Place of Business 601 W OLD HWY 441 P O BOX 1429 MT DORA FL 32756-1429 US | | | Mailing Address 601 W. OLD HWY., #441 PO BOX 1429 MOUNT DORA FLORIDA 32756-1429 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 59-1677904 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BONOLLO, HELEN G 601 W OLD HIGHWAY 441, 6A MOUNT DORA FL 32757 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BONOLLO, HELEN G | | NAME | | |
| STREET ADDRESS | 601 W. OLD HIGHWAY, 6A | | STREET ADDRESS | | |
| CITY- ST- ZIP | MOUNT DORA FL 32757 | | CITY- ST- ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCCRACKEN, TRACY | | NAME | | |
| STREET ADDRESS | 601 W. OLD HWY 441, 3B | | STREET ADDRESS | | |
| CITY- ST- ZIP | MOUNT DORA FL 32757 | | CITY- ST- ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLAKESLEE, KATHERINE | | NAME | | |
| STREET ADDRESS | 601 W OLD HWY 441 2A | | STREET ADDRESS | | |
| CITY- ST- ZIP | MOUNT DORA FL 32757 | | CITY- ST- ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FARNHAM, ROSWELL | | NAME | | |
| STREET ADDRESS | 601 W OLD HWY 441 7A | | STREET ADDRESS | | |
| CITY- ST- ZIP | MOUNT DORA FL 32757 | | CITY- ST- ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOREHOUSE, NELSON | | NAME | | |
| STREET ADDRESS | 601 W OLD HWY 441 7B | | STREET ADDRESS | | |
| CITY- ST- ZIP | MOUNT DORA FL 32757 | | CITY- ST- ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input 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)(f), 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 changed, or on an attachment with an address, with all other like empowered | | | | | |
| SIGNATURE: HELEN G. BONOLLO | | | 2/10/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |