## 2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 757157** 

Entity Name: HILLCREST EAST NO. 20 INC.

**Current Principal Place of Business:** 

919 HILLCREST DRIVE HOLLWOOD, FL 33021

**Current Mailing Address:** 

919 HILLCREST DRIVE HOLLWOOD, FL 33021 US

FEI Number: 59-2141470 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GLAZER AND ASSOCIATES, P.A. GLAZER AND ASSOCIATES, P.A. 3113 STIRLING ROAD 201 FORT LAUDERDALE, FL 33312 US

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: ERIC GLAZER, PRESIDENT

12/19/2014

**FILED** 

Dec 19, 2014

**Secretary of State** CC6758255078

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

Title **SECRETARY** Title VΡ

PERRYMAN, YING CONDE, FABIAN Name Name Address 919 HILLCREST DRIVE Address 919 HILLCREST DRIVE

HOLLWOOD FL 33021 City-State-Zip: City-State-Zip: HOLLWOOD FL 33021

Title **TREASURER** Title **PRESIDENT** Name Name

HERNANDEZ, SARA OCHOA, MARIA Address 919 HILLCREST DRIVE Address 919 HILLCREST DRIVE

City-State-Zip: HOLLWOOD FL 33021 City-State-Zip: HOLLWOOD FL 33021

Title DIRECTOR Title DIR

Name GARCIA, ADRIAN ASSAM, DAVID Name

919 HILLCREST DRIVE Address 919 HILLCREST DRIVE Address

City-State-Zip: HOLLWOOD FL 33021 City-State-Zip: HOLLWOOD FL 33021

Title **DIRECTOR** Name AZIZY, HAIM

Address 919 HILLCREST DRIVE City-State-Zip: HOLLWOOD FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

12/19/2014 SIGNATURE: HAIM AZIZY DIRECTOR