I hereby certify that the information indicated on this report or supplemental report is true and ac	curate and that my electronic signature shall have the same le	gal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to ex	xecute this report as required by Chapter 617, Florida Statutes	s; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE BATTAGI IA BETH ENG	PRESIDENT	01/06/2017

SIGNATURE: BATTAGLIA, BETH ENG

I

Electronic Signature of Signing Officer/Director Detail

# **Current Mailing Address:** 907 NW 50TH TERRACE

GAINESVILLE, FL 32605 US

DOCUMENT# N0200002777

**Current Principal Place of Business:** 

## FEI Number: 20-1269501

907 NW 50TH TERRACE GAINESVILLE. FL 32605

### Name and Address of Current Registered Agent:

BATTAGLIA, BETH ENG 907 NW 50TH TERRACE GAINESVILLE, FL 32605 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: BETH BATTAGLIA

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	PD
Name	BATTAGLIA, BETH ENG
Address	907 NW 50TH TERRACE
City-State-Zip:	GAINESVILLE FL 32605

Entity Name: HILLCREST OWNERS ASSOCIATION OF GAINESVILLE, INC.

# Certificate of Status Desired: No

01/06/2017 Date

Date

FILED Jan 06, 2017 Secretary of State CC0605552785

PRESIDENT