

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11088

Entity Name: HILLCREST VILLAGE PROPERTY OWNERS ASSOCIATION, INC.**FILED**
Mar 14, 2013
Secretary of State
CC6510067732**Current Principal Place of Business:**6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429**Current Mailing Address:**6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 US**FEI Number: 59-2588309****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSON, ROBBIE LCAM
6222 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HORSMAN, DAVE
Address	1725 N WEMBLEY DR
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	TREASURER, DIRECTOR
Name	FETZER, JOANNE
Address	6222 W CORPORATE OAKS DR
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	D
Name	LA MOUNTAIN, SHELDON
Address	1523 N MARLBOROUGH LP
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	VPD
Name	ALIBERTI, MARY ELLEN
Address	1356 N HUNTERSTON PT
City-State-Zip:	CRYSTAL RIVER FL 34429

Title	SD
Name	BENDEL, LINDA
Address	5945 W DOUNERAY LP
City-State-Zip:	CRYSTAL RIVER FL 34429

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.

SIGNATURE: DAVE HORSMAN**PD****03/14/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date