Entity Name: HILLCREST MEDICAL CONDOMINIUM ASSOCIATION, INC.			NC.	Secretary of State	
1000 PINE HOL	ncipal Place of Business: LLOW POINT SPRINGS, FL 32714			7714199851CC	
Current Mai	ling Address:				
	HOLLOW POINT E SPRINGS, FL 32714 US				
FEI Number: 26-1358167 Certifi		Certificate of	Status Desired: No		
Name and A	Address of Current Registered Agent:				
1000 PINE HOL	ANAGEMENT COMPANY LLOW POINT SPRINGS, FL 32714 US				
ALIAMONIES	SPRINGS, PL 32/14 03				
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, i	n the State of Florida.	
The above name		istered office or regis	tered agent, or both, i	n the State of Florida. 04/26/2023	
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, i		
The above name	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, i	04/26/2023	
The above named	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, i	04/26/2023	
The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent ctor Detail :			04/26/2023	
The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its reg BRETT M JORDAN Electronic Signature of Registered Agent ctor Detail : DIRECTOR	Title	DIRECTOR	04/26/2023 Date	
The above named SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent ctor Detail : DIRECTOR SCRUGGS, RYAN	Title Name	DIRECTOR HILL, JOHN 1000 PINE HOLL	04/26/2023 Date	
The above named SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent Ctor Detail : DIRECTOR SCRUGGS, RYAN 1000 PINE HOLLOW POINT	Title Name Address	DIRECTOR HILL, JOHN 1000 PINE HOLL	04/26/2023 Date	
The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its reg E BRETT M JORDAN Electronic Signature of Registered Agent ctor Detail : DIRECTOR SCRUGGS, RYAN 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714	Title Name Address	DIRECTOR HILL, JOHN 1000 PINE HOLL	04/26/2023 Date	
The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	d entity submits this statement for the purpose of changing its reg E: BRETT M JORDAN Electronic Signature of Registered Agent ctor Detail : DIRECTOR SCRUGGS, RYAN 1000 PINE HOLLOW POINT ALTAMONTE SPRINGS FL 32714 DIRECTOR	Title Name Address	DIRECTOR HILL, JOHN 1000 PINE HOLL	04/26/2023 Date	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005575

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: DR. KEVIN BARBER

DIRECTOR

04/26/2023

FILED Apr 26, 2023

Electronic Signature of Signing Officer/Director Detail