

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005575

Entity Name: HILLCREST MEDICAL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-1358167

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT COMPANY
1000 PINE HOLLOW POINT
ALTAMONTE SPRINGS, FL 32714 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: BRETT M JORDAN

02/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SCRUGGS, RYAN
Address 1000 PINE HOLLOW POINT
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name HILL, JOHN
Address 1000 PINE HOLLOW POINT
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name BARBER, DR. KEVIN
Address 1000 PINE HOLLOW POINT
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

02/08/2021

Electronic Signature of Signing Officer/Director Detail

Date