

**2024 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

04/23/2024

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

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date