| 882 JACKSON<br>WINTER PARK   | -  |                          |  |                       |
|--|--|--------------------------|--|-----------------------|
| Current Ma   | iling Address:   |                          |  |                       |
|  | ON AVENUE<br>IRK, FL 32789 US  |                          |  |                       |
| FEI Number: 26-1358167   |  |                          | Certificate of Status Desired: No          |                       |
| Name and Address of Current Registered Agent:  |  |                          |  |                       |
| JORDAN, BRETT M<br>882 JACKSON AVENUE<br>WINTER PARK, FL 32789 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. |  |                          |  |                       |
| i ne above name  | d entity submits this statement for the purpose of changing its regis  | stered office or regis   | tered agent, or both, in the State of F    | lorida.               |
|  | d entity submits this statement for the purpose of changing its regis<br>E: BRETT M JORDAN                               | stered office or regis   | tered agent, or both, in the State of F    | lorida.<br>08/04/2015 |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | stered office or regis   | tered agent, or both, in the State of F    |                       |
| SIGNATURI  | E: BRETT M JORDAN  | stered office or regis   | tered agent, or both, in the State of F    | 08/04/2015            |
| SIGNATURI  | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent  | stered office or regis   | tered agent, or both, in the State of F    | 08/04/2015            |
| SIGNATURI<br>Officer/Dire  | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent  |                          | <b>.</b>                                   | 08/04/2015            |
| SIGNATURI<br>Officer/Dire  | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DP                                     | Title                    | DV   | 08/04/2015            |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name   | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DP<br>HILL, JOHN<br>882 JACKSON AVENUE | Title<br>Name            | DV<br>HILL, JENNIFER<br>882 JACKSON AVENUE | 08/04/2015            |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name<br>Address  | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DP<br>HILL, JOHN<br>882 JACKSON AVENUE | Title<br>Name<br>Address | DV<br>HILL, JENNIFER<br>882 JACKSON AVENUE | 08/04/2015            |
| SIGNATURI<br>Officer/Dire<br>Title<br>Name<br>Address  | E: BRETT M JORDAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>DP<br>HILL, JOHN<br>882 JACKSON AVENUE | Title<br>Name<br>Address | DV<br>HILL, JENNIFER<br>882 JACKSON AVENUE | 08/04/2015            |

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.

PRESIDENT

08/04/2015

Electronic Signature of Signing Officer/Director Detail

## 2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N13000005575

## Entity Name: HILLCREST MEDICAL CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

**FILED** Aug 04, 2015 Secretary of State CR1606949897

Date