

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48487

Entity Name: HILLCREST CONDOMINIUM NO. 1, INC.

Current Principal Place of Business:

4800 N. STATE RD. 7
SUITE 105
LAUDERDALE LAKES, FL 33319

Current Mailing Address:

4800 N. STATE RD. 7
SUITE 105
LAUDERDALE LAKES, FL 33319

FEI Number: 65-0383857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES
4800 N. STATE RD. 7
SUITE 105
LAUDERDALE LAKES, FL 33319 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 RIGGIONE, ANN
Address 5200 WASHINGTON ST. APT. 104
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name POWELL, LAMBERT
Address 5200 WASHINGTON ST.
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name JARAMILLO, OSCAR
Address 5200 WASHINGTON ST #105
City-State-Zip: HOLLYWOOD FL 33021

Title TREASURER
Name FRANCOIS, GLADYS
Address 5200 WASHINGTON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name SIMOVIC, MILENA
Address 5200 WASHINGTON STREET #203
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name LAVIGNE, CHANTAL M
Address 4800 N STATE RD 7
105
City-State-Zip: LAUDERDALE LAKES FL 33319

Title VP
Name TOMICI, LIDIA
Address 4800 N STATE RD 7
105
City-State-Zip: LAUDERDALE LAKES FL 33319

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: ANN RIGGIONE

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02/20/2015

Electronic Signature of Signing Officer/Director Detail

Date