

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004851

**FILED**  
**Apr 24, 2019**  
**Secretary of State**  
**2428312905CC**

**Entity Name:** HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2541 N RESTON TERR  
HERNANDO, FL 34442

**Current Mailing Address:**

2541 N RESTON TERR  
HERNANDO, FL 34442 US

**FEI Number:** 59-3468199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VILLAGES SERVICES CO-OPERATIVE, INC  
2541 N RESTON TERR  
HERNANDO, FL 34442 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:** GERALYN BOND

04/24/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HNAT, ROBERT K  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           PRESIDENT  
Name           BECHLER, JOHN  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           VP  
Name           FLO, DAVID  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           SECRETARY  
Name           MORRISON, NANCY JANE  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           DIRECTOR  
Name           HAGEN, JAMES  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           DIRECTOR  
Name           VARONICH, LINDA  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

Title           DIRECTOR  
Name           DALTON, DIANE  
Address        2541 N RESTON TERR  
City-State-Zip:  HERNANDO FL 34442

*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:** NANCY JANE MORRISON

**SECRETARY**

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date