

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004851

**FILED**  
**Mar 30, 2023**  
**Secretary of State**  
**9469918632CC**

**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, 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**

**03/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            SECRETARY  
Name            VANG, JUDY  
Address        2541 N RESTON TERR  
City-State-Zip:    HERNANDO FL 34442

Title            TREASURER  
Name            ADAIR, CAROL  
Address        2541 N RESTON TERR  
City-State-Zip:    HERNANDO FL 34442

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

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

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

Title            DIRECTOR  
Name            DEMPSEY, JANE  
Address        2541 N RESTON TERRACE  
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: JOHN BECHLER**

**PRESIDENT**

**03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date