

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711196

FILED
Mar 24, 2006
Secretary of State

Entity Name: HILLCREST COUNTRY CLUB APTS. INC., NO. 4

Current Principal Place of Business:

1000 S HILLCREST CT
BLDG 4
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

1000 S HILLCREST CT
BLDG 4
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 59-1233511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAONE, ELAINE
1000 SOUTH HILLCREST COURT
BLDG 4 APT 108
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MC GRATH, DEBORAH
Address: 1000 S HILLCREST CT
City-St-Zip: HOLLYWOOD, FL

Title: V () Delete
Name: BRANSE, DENNIS
Address: 1000 S HILLCREST CT
City-St-Zip: HOLLYWOOD, FL

Title: P () Delete
Name: NAGLE, JANET
Address: 1000 S HILLCREST CT
City-St-Zip: HOLLYWOOD, FL

Title: T () Delete
Name: PAONE, ELAINE A
Address: 1000 HILLCREST CT
City-St-Zip: HOLLYWOOD, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MC DONALD, ALVIN
Address: 1000 S HILLCREST CT APT 312
City-St-Zip: HOLLYWOOD, FL

Title: V (X) Change () Addition
Name: CATALDI, UGO
Address: 1000 S HILLCREST CT APT 305
City-St-Zip: HOLLYWOOD, FL

Title: P (X) Change () Addition
Name: VALVANO, ALFONSO
Address: 1000 S HILLCREST CT APT 307
City-St-Zip: HOLLYWOOD, FL

Title: T (X) Change () Addition
Name: PAONE, ELAINE A
Address: 1000 HILLCREST CT APT108
City-St-Zip: HOLLYWOOD, FL

Title: V () Change (X) Addition
Name: RAINIER, THOMAS
Address: 1000 S HILLCREST CT APT 315
City-St-Zip: HWD, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELAINE PAONE

T

03/24/2006

Electronic Signature of Signing Officer or Director

Date