


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90178 046 ****61.25

DOCUMENT # 711196 1. Entity Name HILLCREST COUNTRY CLUB APTS. INC., NO. 4					
Principal Place of Business 1000 S HILLCREST CT BLDG 4 HOLLYWOOD, FL 33021 US			Mailing Address 1000 S HILLCREST CT BLDG 4 HOLLYWOOD, FL 33021 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-1233511					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PAONE, ELAINE 1000 SOUTH HILLCREST COURT BLDG 4 APT 108 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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 am familiar with, and accept the obligations of registered agent.			Signature: <u>Elaine Paone</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	MC DONALD, ALVIN		TITLE	D Julia MAURA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1000 S HILLCREST CT APT 312		NAME	1000 S Hillcrest CT 112	
CITY-ST-ZIP	HOLLYWOOD, FL		STREET ADDRESS	HWD FL	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D I TALA Louback <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CATALDI, UGO		NAME	1000 S Hillcrest CT 114	
STREET ADDRESS	1000 S HILLCREST CT APT 305		STREET ADDRESS	HWD FL	
CITY-ST-ZIP	HOLLYWOOD, FL		TITLE	D Vincenzo Carlucci <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	P	<input type="checkbox"/> Delete	NAME	1000 S Hillcrest Ct 110	
NAME	VALVANO, ALFONSO		STREET ADDRESS		
STREET ADDRESS	1000 S HILLCREST CT APT 307		CITY-ST-ZIP		
CITY-ST-ZIP	HOLLYWOOD, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> Delete	NAME		
NAME	PAONE, ELAINE A		STREET ADDRESS		
STREET ADDRESS	1000 HILLCREST CT APT 108		CITY-ST-ZIP		
CITY-ST-ZIP	HOLLYWOOD, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> Delete	NAME		
NAME	RAINIER, THOMAS		STREET ADDRESS		
STREET ADDRESS	1000 S HILLCREST CT APT 315		CITY-ST-ZIP		
CITY-ST-ZIP	HWD, FL		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	NAME		
NAME	THOMAS RAINIER		STREET ADDRESS		
STREET ADDRESS	1000 S HILLCREST CT 114		CITY-ST-ZIP		
CITY-ST-ZIP	HWD FL		12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Elaine A Paone</u> <u>Elaine A Paone</u> 954983 0045					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					