

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90007 010 \*\*\*\*61.25

<b>DOCUMENT # 718508</b>					
<b>1. Entity Name</b> THE PRESIDENTS' COUNCIL OF HILLCREST COUNTRY CLUB APTS, INC.					
<b>Principal Place of Business</b> 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021			<b>Mailing Address</b> 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1978364	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>			
REINFELD, MILDRED 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021		Name Street Address (P.O. Box Number is Not Acceptable) City			
REINFELD, MILDRED 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021		FL Zip Code			
<b>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.</b>					
SIGNATURE <i>Mildred Reinfeld</i> <small>Signature, typed or printed name of registered agent and fee applicable.</small>		DATE <i>3/20/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> P <b>NAME</b> REINFELD, MILDRED <b>STREET ADDRESS</b> 5200 WASHINGTON ST #306 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> BOD <b>NAME</b> SCHERBNER, MARGE <b>STREET ADDRESS</b> 1201 S. HILLCREST CT 114 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> BOD <b>NAME</b> GENE SANQUINI <b>STREET ADDRESS</b> 4800 HILLCREST LANE <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> HOWELL, BETTY <b>STREET ADDRESS</b> 940 HILLCREST CT #306 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> KATHY SPRATT <b>STREET ADDRESS</b> 4700 WASHINGTON ST #506 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete				
<b>TITLE</b> BOD <b>NAME</b> THOMASENA HANKERSON <b>STREET ADDRESS</b> 1100 HILLCREST CT #315 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete				
<b>TITLE</b> P <b>NAME</b> HOWELL, BETTY <b>STREET ADDRESS</b> 940 HILLCREST CT #306 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VP <b>NAME</b> SPRATT, KATHY <b>STREET ADDRESS</b> 4700 WASHINGTON ST #506 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> BOD <b>NAME</b> HANKERSON, THOMASENA <b>STREET ADDRESS</b> 1100 HILLCREST CT #315 <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Betty Howell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3-19-07</i> Daytime Phone # <i>954-963-9292</i>			