2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 719509

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

03-22-2007 90007 010 ****61 25

1. Entity Name THE PRESIDENTS' COUNCIL OF HILLCREST COUNTRY CLUB APTS, INC.							03 22 2 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Principal Place of Business 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021		Mailing Address 5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021			<u> </u>		Bil 61811 Billih Bil			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01082007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number 59-1978			\ 	oplied For of Applicable	
Zip	Country	Zip	Cou	ıntry .		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
6.	ame and Address of Current	Registered Agent]		7. Name and	Address of New	Registered.	Agent	_
REINFELD, MIL				Name Street Ac	ddress (F	O Box Numbe	r is Not Acceptab	nle)		
5200 WASHINGTON ST APT 306 HOLLYWOOD, FL 33021										
199 2				City		FL Zip Code				
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 Signature, typed or printed name of registered gent and piet applicable. (NOTE: Registered Agent signature required when reinstaling) DATE										
	typed or printed name of registered gent	and use applicable. (NOTI	E-Registere	d Ageni signatu	ne required	when reinstaling)	3	DATE DATE		
Signature	ipped or printed name of registered open Fee Is \$61.25 by May 1, 2007	9. Election Car Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees		Make chec	k payable t	
Signature	Fee Is \$61.25	9. Election Car Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		Make chec orida Depai	rtment of S	tate
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CITY-ST-ZP HOLLIWOOD, FL 3302 CITY-ST-ZP

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: Y Pacty Howell	3-19-07	954-963-9292
SIGNATURE AND TYPED OR PRINTED NAME OF		Daytime Phone #