


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90219 029 ****61.25

DOCUMENT # 720283 1. Entity Name HILLSIDE HOUSE OF GULF STREAM OWNERS ASSOCIATION, INC.					
Principal Place of Business 200 LITTLE CLUB RD. DELRAY BEACH, FL 33483-7554			Mailing Address 200 LITTLE CLUB RD. DELRAY BEACH, FL 33483-7554		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1353264	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STRAWN, JOEL T 54 NE FOURTH AVENUE DELRAY BEACH, FL 33483				Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	AT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONNA F			NAME	
STREET ADDRESS	4600 N. OCEAN BLVD #101			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAY, NERE E. JR.			NAME	
STREET ADDRESS	200 LITTLE CLUB RD			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000,			CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAWN, JOEL T			NAME	
STREET ADDRESS	200 LITTLE CLUB RD			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000,			CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERICK, GERALD F. JR.			NAME	
STREET ADDRESS	200 LITTLE CLUB RD			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL			CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete			TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAROLL, F LEWIS			NAME	BARROLL
STREET ADDRESS	200 LITTLE CLUB ROAD			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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><i>F. Lewis Barroll</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/24/06 <small>Date</small>	
				561-272-4182 <small>Daytime Phone #</small>	