

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 02, 2007 08:00 AM  
Secretary of State**

**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**



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1353264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STRAWN, JOEL T  
54 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SMITH, DONNA F 4600 N. OCEAN BLVD #101 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAY, NERE E. JR. 200 LITTLE CLUB RD DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAWN, JOEL T 200 LITTLE CLUB RD DELRAY BCH, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEDERICK, GERALD F. JR. 200 LITTLE CLUB RD DELRAY BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARROLL, LEWIS F 200 LITTLE CLUB ROAD DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000687530  
04/10/07-00044 005 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Donna F. Smith, Asst. Treas.*  
DONNA F. SMITH

*2/21/07*

*561-274-8990*

Date

Daytime Phone #