

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

03-11-2008 90019 032 ****70.00

DOCUMENT # 721707 1. Entity Name HILLTOP CONDOMINIUM, INC.																																																																																																																																																																										
Principal Place of Business 8941 SW 62 TERRACE 13055 SW 42ND ST. SUITE 203 MIAMI, FL 33173 US			Mailing Address % M&E ASSOCIATES OF MIAMI 13055 SW 42ND ST. SUITE 203 MIAMI, FL 33175 US																																																																																																																																																																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																							
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Country		Country		4. FEI Number 59-1383692																																																																																																																																																																						
5. Certificate of Status Desired ☒				Applied For Not Applicable																																																																																																																																																																						
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF 121 ALHAMBRA CIRCLE, 10TH FLOOR MIAMI, FL 33134				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating)																																																																																																																																																																										
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																																																						
Make check payable to Florida Department of State																																																																																																																																																																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">VDLENTIM, OLIVEIRA</td> <td style="width: 15%; text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>8879 SW 62 TERRACE, 10C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>VP</td> <td>YOUNG, CLIFFORD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>9032 SW 62 TER., #3J</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>S</td> <td>DELGADO, PATRICIA</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>6171 SW 90 CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>T</td> <td>HOFFMEISTER, JACK A</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>8859 SW TERRACE, 10H</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>S</td> <td>SOPPER, DONALD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>9022 SW 62 TERRACE, 6D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">S</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Doraine Pasquarella</td> <td style="width: 15%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>8874 SW 62 Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>P</td> <td>VALENTIM OLIVEIRA</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>8879 SW 62 TERRACE 10C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>VP</td> <td>DONALD SOPPER</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>9022 SW 62 TERRACE 6D</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td>Robert Stockfleth</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>9014 S.W. 62 Terrace</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						TITLE	P	NAME	VDLENTIM, OLIVEIRA	☒ Delete	STREET ADDRESS			8879 SW 62 TERRACE, 10C		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		VP	YOUNG, CLIFFORD	☒ Delete	STREET ADDRESS			9032 SW 62 TER., #3J		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		S	DELGADO, PATRICIA	☒ Delete	STREET ADDRESS			6171 SW 90 CT.		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		T	HOFFMEISTER, JACK A	☐ Delete	STREET ADDRESS			8859 SW TERRACE, 10H		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		S	SOPPER, DONALD	☒ Delete	STREET ADDRESS			9022 SW 62 TERRACE, 6D		CITY-ST-ZIP			MIAMI, FL 33173		TITLE				☐ Delete	STREET ADDRESS					CITY-ST-ZIP					TITLE	S	NAME	Doraine Pasquarella	☐ Change ☒ Addition	STREET ADDRESS			8874 SW 62 Terrace		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		P	VALENTIM OLIVEIRA	☒ Change ☐ Addition	STREET ADDRESS			8879 SW 62 TERRACE 10C		CITY-ST-ZIP			MIAMI, FL 33173		TITLE		VP	DONALD SOPPER	☒ Change ☐ Addition	STREET ADDRESS			9022 SW 62 TERRACE 6D		CITY-ST-ZIP			MIAMI, FL 33173		TITLE			Robert Stockfleth	☐ Change ☒ Addition	STREET ADDRESS			9014 S.W. 62 Terrace		CITY-ST-ZIP			MIAMI, FL 33173		TITLE				☐ Change ☐ Addition	STREET ADDRESS					CITY-ST-ZIP				
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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 officers empowered.																																																																																																																																																																										
SIGNATURE: <u><i>Robert Stockfleth</i></u> (PRESIDENT) SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR																																																																																																																																																																										

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