

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725490

FILED
Feb 11, 2008
Secretary of State

Entity Name: HILLCREST MANOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11136 REGAL LANE
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 64
INDIAN ROCKS BCH, FL 33785 US

New Mailing Address:

FEI Number: 59-1618605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, TRACY
11136 REGAL LANE
LARGO, FL 33774 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKEON, THOMAS R
Address: 11122 137TH STREET N.
City-St-Zip: LARGO, FL 337744135 US

Title: D () Delete
Name: MICHAEL MAURO,
Address: 11160 137TH STREET N.
City-St-Zip: LARGO, FL 337744135 US

Title: S () Delete
Name: STEVENS, TRACEY
Address: 11136 REGAL LN
City-St-Zip: LARGO, FL 33774 US

Title: T () Delete
Name: YANCY, LARRY
Address: 11256 REGAL LN
City-St-Zip: LARGO, FL 33774 US

Title: D () Delete
Name: ROBERTSON, MATTHEW
Address: 13693 PINECREST DRIVE
City-St-Zip: LARGO, FL 33774 US

Title: D () Delete
Name: ALTON, ROGER
Address: 13980 KIMBERLY DRIVE
City-St-Zip: LARGO, FL 33774 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SOCKETT, ANDREW
Address: 13840 JOYCE DR
City-St-Zip: LARGO, FL 33774 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. MCKEON

PRES

02/11/2008

Electronic Signature of Signing Officer or Director

Date