

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737281

FILED  
Aug 22, 2006  
Secretary of State

**Entity Name:** HILLARY HOUSE TOWNHOUSES, INC.

**Current Principal Place of Business:**

202 JOHNS DRIVE  
#12  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

202 JOHNS DRIVE  
#12  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

**FEI Number:** 59-2202076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ASHLEY, B.T. (TIM)  
202 JOHNS DRIVE  
#12  
TALLAHASSEE, FL 32301 US

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: PD ( ) Delete  
Name: ASHLEY LER, B.T. (TIM)  
Address: 202-12 JOHNS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: BMT ( ) Delete  
Name: PIETRALUNGA, MARK  
Address: 202-7 JOHNS DR  
City-St-Zip: TALLAHASSEE, FL 32301

Title: BMT ( ) Delete  
Name: MYERS, KAREN  
Address: 202-7 JOHNS DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: B.T. ASHLEY

PD

08/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date