

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90001 030 \*\*\*\*61.25

**DOCUMENT # 740977**

1. Entity Name  
**THE HILL HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**11151 ELDERBERRY COURT  
MINNEOLA, FL 34715**

Mailing Address  
**P.O. BOX 965  
MINNEOLA, FL 34715**

2. Principal Place of Business  
**16729 KAMALIN CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07072006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1888709**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**BURCHILL, WILLIAM  
11151 ELDERBERRY COURT  
MINNEOLA, FL 34715**

**7. Name and Address of New Registered Agent**

Name **Blomstrom, ERIC**  
Street Address (P.O. Box Number is Not Acceptable)  
**16729 KAMALIN CT.**  
City **CLERMONT** FL Zip Code **34715**

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 *Eric Blomstrom*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*Aug 19-06*  
DATE

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURCHILL, WILLIAM 11151 ELDERBERRY COURT MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAVIN, SCOTT 11234 WINDSONG COURT MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMATO, BARBARA 16651 KAMALIN COURT MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMATO, THOMAS 16651 KAMALIN COURT MINNEOLA, FL 34715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, WILLIAM 11209 WINDSON COURT MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, BRIAN 11233 WINDSON COURT MINNEOLA, FL 34715	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Blomstrom, ERIC 16729 KAMALIN CT. CLERMONT, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TIMPNER, MIKE 16745 KAMALIN CT. CLERMONT, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TIMPNER, TERRI 16745 KAMALIN CT. CLERMONT, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HYER, MARILYN (D) 11239 LAKE MINNEOLA SHORES CLERMONT, FL 34715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Eric Blomstrom*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Aug 19-06*  
Date Daytime Phone #