

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90040 006 \*\*\*\*61.25

**DOCUMENT # 740977**

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



Principal Place of Business  
16729 KAMALIN CT.  
CLERMONT, FL 34715

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

**40063445**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1888709

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOMSTROM, ERIC  
16729 KAMALIN CT.  
MINNEOLA, FL 34715

Name THOMAS AMATO  
Street Address (P.O. Box Number is Not Acceptable)

16651 KAMALIN COURT  
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

*Thomas Amato Jr*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/2008

**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

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | P                         | <input type="checkbox"/> Delete            |
| NAME           | BLOMSTROM, ERIC           |  |
| STREET ADDRESS | 16729 KAMALIN CT.         |  |
| CITY-ST-ZIP    | MINNEOLA, FL 34715        |  |
| TITLE          | VP                        | <input type="checkbox"/> Delete            |
| NAME           | TIMPNER, MIKE             |  |
| STREET ADDRESS | 16745 KAMALIN CT.         |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715        |  |
| TITLE          | S                         | <input checked="" type="checkbox"/> Delete |
| NAME           | TIMPNER, TERRI            |  |
| STREET ADDRESS | 16745 KAMALIN CT.         |  |
| CITY-ST-ZIP    | MINNEOLA, FL 34715        |  |
| TITLE          | T                         | <input type="checkbox"/> Delete            |
| NAME           | AMATO, THOMAS             |  |
| STREET ADDRESS | 16651 KAMALIN COURT       |  |
| CITY-ST-ZIP    | MINNEOLA, FL 34715        |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | WEBB, WILLIAM             |  |
| STREET ADDRESS | 11209 WINDSON COURT       |  |
| CITY-ST-ZIP    | MINNEOLA, FL 34715        |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | HYER, MARILYN             |  |
| STREET ADDRESS | 11239 LAKE MINNEOLA SHORE |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PRESIDENT           | <input checked="" type="checkbox"/> Addition                                 |
| NAME           | VERL EMRICK         |  |
| STREET ADDRESS | 16713 KAMALIN COURT |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715  |  |
| TITLE          | VICE PRESIDENT      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BLOMSTROM, ERIC     |  |
| STREET ADDRESS | 16729 KAMALIN CT.   |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715  |  |
| TITLE          | SECRETARY           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | JUDITH EMRICK       |  |
| STREET ADDRESS | 16713 KAMALIN COURT |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715  |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | MIKE TIMPNER (D)    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MIKE TIMPNER (D)    |  |
| STREET ADDRESS | 16745 KAMALIN COURT |  |
| CITY-ST-ZIP    | CLERMONT, FL 34715  |  |

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:

*Thomas Amato Jr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2008

Date

Daytime Phone #