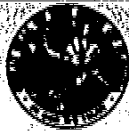


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR -6 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742697 (6)

1. Corporation Name

HILLDALE-GLENGARY CMC ASSOCIATION, INC.

Principal Place of Business

**6333 LANGSTON AVE.
NEW PORT RICHEY FL 34653-8023**

Mailing Address

**6333 LANGSTON AVE.
NEW PORT RICHEY FL 34653-8023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1978

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1943182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LA'COTTE, RUTH P.
6417 BANDURA AVE
NEW PORT RICHEY FL 34653**

81 Name

Alberta Mansfield

82 Street Address (P.O. Box Number is Not Acceptable)

6345 Tralee Ave.

83

84 City

New Port Richey

85 FL

Zip Code

34653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Alberta Mansfield

Alberta Mansfield

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **STEPHEN, ROCK**
STREET ADDRESS **6417 LIMERICK AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VD**
NAME **SULLIVAN, DANIEL**
STREET ADDRESS **6331 BONAIRE AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **SD**
NAME **MANSFIELD, ALBERTA**
STREET ADDRESS **6345 TRALEE AVE.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **TD**
NAME **LACOTTE, RUTH P**
STREET ADDRESS **6417 BANDURA AVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alberta Mansfield

Alberta Mansfield

813-842-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number