


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90189 022 ****61.25

DOCUMENT # 743189			
1. Entity Name HILLCREST-BY-THE-SEA ASSOCIATES, INC.			
Principal Place of Business 9165 COLLINS AVENUE SURFSIDE, FL 33154		Mailing Address 9165 COLLINS AVENUE SURFSIDE, FL 33154	
2. Principal Place of Business: Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1916818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORRALES, JUDY 4752 BAY POINT RD MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: MATOUK, BILL STREET ADDRESS: 9165 COLLINS AVE CITY-ST-ZIP: SURESIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Judy Corrales STREET ADDRESS: 4752 Bay Point Rd CITY-ST-ZIP: Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MNACEK, JERRY STREET ADDRESS: 9165 COLLINS AVE CITY-ST-ZIP: SURESIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: William Matouk STREET ADDRESS: 9165 Collins Ave CITY-ST-ZIP: Surfside FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SAMHAT, DAVID STREET ADDRESS: 9165 COLLINS AVE CITY-ST-ZIP: SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Mnacek Jerry STREET ADDRESS: 9165 Collins Ave CITY-ST-ZIP: Surfside FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CORRALES, JUDY STREET ADDRESS: 4752 BAY POINT RD CITY-ST-ZIP: MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE: D NAME: Toni Privrel STREET ADDRESS: 9165 Collins Ave CITY-ST-ZIP: Surfside FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: PRIVREL, TONI STREET ADDRESS: 9165 COKINS AVE CITY-ST-ZIP: MIAMI BEACH, FL 33154	<input type="checkbox"/> Delete	TITLE: D NAME: Pierre Cardinal STREET ADDRESS: 9165 Collins Ave CITY-ST-ZIP: Surfside FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Judy Corrales President</i>		Date: 7-6-04	Daytime Phone #: 305 725 3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #