


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 743189</b> 1. Entity Name <b>HILLCREST-BY-THE-SEA ASSOCIATES, INC.</b>					
Principal Place of Business <b>9165 COLLINS AVENUE SURFSIDE FL 33154</b>		Mailing Address <b>9165 COLLINS AVENUE SURFSIDE FL 33154</b>			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1916818</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CORRALES, JUDY 4752 BAY POINT RD MIAMI FL 33137</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
6. Name and Address of Current Registered Agent  <b>CORRALES, JUDY 4752 BAY POINT RD MIAMI FL 33137</b>			7. Name and Address of New Registered Agent City <b>FL</b> 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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORRALES, JUDY 4752 BAY POINT ROAD MIAMI FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATOUK, WILLIAM 9165 COLLINS AVE SURESIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MNACEK, JERRY 9165 COLLINS AVE SURFSIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVREL, TONI 9165 COLLINS AVENUE SURFSIDE FL 33154	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDINAL, PIERRE 9165 COLLINS AVENUE SURFSIDE FL 33154	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1916818** Applied For Not Applicable

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

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 CORRALES, JUDY 4752 BAY POINT ROAD MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATOUK, WILLIAM 9165 COLLINS AVE SURESIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MNACEK, JERRY 9165 COLLINS AVE SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIVREL, TONI 9165 COLLINS AVENUE SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDINAL, PIERRE 9165 COLLINS AVENUE SURFSIDE FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ _____

11/28/05-80064-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** J. Mnacek J. MNACEK 1/27/05 305 868 8168  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #