

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90031 003 \*\*\*\*61.25



**DOCUMENT # 743189**  
1. Entity Name  
**HILLCREST-BY-THE-SEA ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**9165 COLLINS AVENUE SURFSIDE FL 33154** **9165 COLLINS AVENUE SURFSIDE FL 33154**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1916818** Applied For Not Applicable  
5. Certificate of Status Desired  **\$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 re-registering) DATE \_\_\_\_\_

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 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	P	<input type="checkbox"/> Delete
NAME	CORRALES, JUDY	
STREET ADDRESS	4752 BAY POINT ROAD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATOUK, WILLIAM	
STREET ADDRESS	9165 COLLINS AVE	
CITY-ST-ZIP	SURESIDE FL 33154	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MNACEK, JERRY	
STREET ADDRESS	9165 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIVREL, TONI	
STREET ADDRESS	9165 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDINAL, PIERRE	
STREET ADDRESS	9165 COLLINS AVENUE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMHAT, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9165 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **JERRY MNACEK** 2/11/06 305 868 8168