

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743189

FILED
Jan 23, 2009
Secretary of State

Entity Name: HILLCREST-BY-THE-SEA ASSOCIATES, INC.

Current Principal Place of Business:

9165 COLLINS AVENUE
SURFSIDE, FL 33154

New Principal Place of Business:

Current Mailing Address:

9165 COLLINS AVENUE
SURFSIDE, FL 33154

New Mailing Address:

FEI Number: 59-1916818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MNACEK, JEREY
9165 COLLINS AVE STE 207
MIAMI BEACH, FL 33154 US

Name and Address of New Registered Agent:

MNACEK, JERRY
9165 COLLINS AVE STE 207
MIAMI BEACH, FL 33154 US

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.

SIGNATURE: JERRY MNACEK

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORRALES, JUDY
Address: 4752 BAY POINT ROAD
City-St-Zip: MIAMI, FL 33137

Title: VPD () Delete
Name: MATOUK, WILLIAM
Address: 9165 COLLINS AVE
City-St-Zip: SURESIDE, FL 33154

Title: TD () Delete
Name: MNACEK, JERRY
Address: 9165 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: PRIVREL, TONI
Address: 9165 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: SAMHAT, DAVID
Address: 9165 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORRALES, JUDY
Address: 4752 BAY POINT ROAD
City-St-Zip: MIAMI, FL 33137

Title: D (X) Change () Addition
Name: MATOUK, WILLIAM
Address: 9165 COLLINS AVE
City-St-Zip: SURESIDE, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PRIVREL, TONI
Address: 9165 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

Title: P (X) Change () Addition
Name: SAMHAT, DAVID
Address: 9165 COLLINS AVENUE
City-St-Zip: SURFSIDE, FL 33154

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY MNACEK

TD

01/23/2009

Electronic Signature of Signing Officer or Director

Date