




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

FILED

3 Apr 21, 2005 8:00 am
Secretary of State

03-23-2005 90035 010 ****61.25

DOCUMENT # 744690 1. Entity Name HILLSIDE TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 220D EAST DESOTA STREET CLERMONT FL 34711			Mailing Address PO BOX 121553 CLERMONT FL 34712		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3568224	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, AUDREY 220D EAST DESOTA STREET CLERMONT FL 34711				7. Name and Address of New Registered Agent Name LIANE TRANIELLO Street Address (P.O. Box Number is Not Acceptable) 220 E DESOTO ST. A City CLERMONT FL 34711	
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  _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	DP WELLS, AUDREY 220D EAST DESOTA STREET CLERMONT FL 34711 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP SHANNON WASHOTA 11741 LAKE SUSAN CT CLERMONT, FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ZELINSKI, ELIZABETH 210 B EAST DESOTO ST CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUP Audrey M. Wells 220 E. Desoto St. Condo D CLERMONT FL 34711 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST PADGETT, SHIRLEY 230 A EAST DESOTO ST CLERMONT FL 34711 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY LIANE TRANIELLO 220 E. DESOTO ST. A CLERMONT, FL 34711 <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	TREAS Beverly Anderson 220 E. Desoto St. CLERMONT FLA <input type="checkbox"/> Change <input checked="" 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	
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-19-05 Daytime Phone # _____		