

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762426 (5)**

1. Corporation Name

**HILLCREST ESTATES, INC.**

Principal Place of Business

Mailing Address

**HILLCREST ESTATE, INC.**  
**ZEPHYRHILLS FL 33540**  
**US**

**39101 HEATH DR.**  
**ZEPHYRHILLS FL 33540**  
**US**



3. Date Incorporated or Qualified

**03/15/1982**

4. FEI Number

**65-0017982**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRUELSEN, ELAINE M.**  
**39116 HILLCREST DR.**  
**ZEPHYRHILLS FL 33540**

**81** Name

**Dianna E. Harriman**

**82** Street Address (P.O. Box Number is Not Acceptable)

**39030 Heath Dr**

**84** City

**Zephyrhills**

**FL**

**85** Zip Code

**33540**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Dianna E. Harriman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**5-6-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
 NAME **MURPHY, THOMAS**  
 STREET ADDRESS **39105 HEATH, DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

1.1 TITLE **P** ☒ Change ☐ Addition  
 1.2 NAME **Alice Fritz**  
 1.3 STREET ADDRESS **39047 Heath Dr**  
 1.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **V** ☒ DELETE  
 NAME **VOYTKO, GERRY**  
 STREET ADDRESS **39122 HILLCREST, DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE **V** ☒ Change ☐ Addition  
 2.2 NAME **Donald Sixt**  
 2.3 STREET ADDRESS **39112 Heath Dr**  
 2.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **D** ☒ DELETE  
 NAME **WILSON, RALPH**  
 STREET ADDRESS **39107 HILLCREST DR**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

3.1 TITLE **D** ☒ Change ☐ Addition  
 3.2 NAME **Anna Murphy**  
 3.3 STREET ADDRESS **39100 Heath Dr**  
 3.4 CITY-ST-ZIP **Zephyrhills FL 33540**

TITLE **D** ☐ DELETE  
 NAME **ED AUSTIN**  
 STREET ADDRESS **39152 HILLCREST DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

4.1 TITLE **D** ☒ Change ☐ Addition  
 4.2 NAME **Blanch Buchanan**  
 4.3 STREET ADDRESS **39150 Heath Dr**  
 4.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

TITLE **ST** ☒ DELETE  
 NAME **TRUELSEN, ELAINE M.**  
 STREET ADDRESS **39116 HILLCREST DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33540**

5.1 TITLE **ST** ☒ Change ☐ Addition  
 5.2 NAME **Dianna E. Harriman**  
 5.3 STREET ADDRESS **39030 Heath Dr**  
 5.4 CITY-ST-ZIP **Zephyrhills FL 33540**

TITLE **D** ☒ DELETE  
 NAME **BODA, BEVERLY**  
 STREET ADDRESS **39206 HILLCREST DR.**  
 CITY-ST-ZIP **ZEPHYRHILLS FL**

6.1 TITLE **D** ☐ Change ☐ Addition  
 6.2 NAME **Ed Austin**  
 6.3 STREET ADDRESS **39152 Hillcrest Dr**  
 6.4 CITY-ST-ZIP **Zephyrhills, FL 33540**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Dianna E. Harriman*

**4-16-98 813-783-7623**

CFR037 (10/97)