

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90030 011 ****61.25

DOCUMENT # 762426

1. Entity Name

HILLCREST ESTATES, INC.



Principal Place of Business

HILLCREST ESTATE, INC.
ZEPHYRHILLS FL 33540
US

Mailing Address

39101 HEATH DR.
ZEPHYRHILLS FL 33540
US

2. Principal Place of Business

HILLCREST ESTATES, INC.
Suite, Apt. #, etc.

3. Mailing Address

39101 HEATH DR.
Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

Zip
33542

Country
PASCO

City & State

ZEPHYRHILLS FL

Zip
33542

Country
PASCO

4. FEI Number

65-0017982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODA, BEVERLY V
39206 HILLCREST DRIVE
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name
TRUELSEN, ELAINE, M.

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

39116 HILLCREST DRIVE

City
ZEPHYRHILLS

FL

Zip Code
33542

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 TRUELSEN, ELAINE M.

SECRETARY/TREASURER

Elaine M. Truelsen

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

(NOTE: Registered Agent signature required when reinstating)

DATE 02/09/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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
NAME ARSENAULT, ROGER ☐ Delete
STREET ADDRESS 6251 23RD STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE VP
NAME HARIMAN, STEVE ☒ Delete
STREET ADDRESS 39030 HEATH DR
CITY-ST-ZIP ZEPHYRHILLS FL 33542

TITLE ST
NAME BODA, BEVERLY V ☒ Delete
STREET ADDRESS 39206 HILLCREST DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D
NAME DEVLIN, JOHN ☒ Delete
STREET ADDRESS 39210 HEATH DR
CITY-ST-ZIP ZEPHYRHILLS FL 33540

TITLE D
NAME ELLIOTT, VERA ☐ Delete
STREET ADDRESS 39020 HEATH DR
CITY-ST-ZIP ZEPHYRHILLS FL 33542

TITLE D
NAME WAYMAN, ONEAL ☐ Delete
STREET ADDRESS 39105 HEATH DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☐ Addition
NAME HUNGATE, JAMES
STREET ADDRESS 39019 HEATH DR.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE ST ☒ Change ☐ Addition
NAME TRUELSEN, ELAINE M
STREET ADDRESS 39116 HEATH, DR.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE D ☒ Change ☐ Addition
NAME CURRIER, RICHARD
STREET ADDRESS 39048 HEATH, DR.
CITY-ST-ZIP ZEPHYRHILLS, FL 33542

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Elaine M. Truelsen* - ELAINE M. TRUELSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/09/04-788-3307

AREA 813