FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763085 (8)

1. Corporation Name

THE HILLS II RESIDENTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6285 SLEEPYHOLLOW DR TITUSVILLE FL 32780-7423 US	6285 SLEEPYHOLLOW DR TITUSVILLE FL 32780-7423 US

3. Date Incorporated or Qualified: 05/03/1982

3a. Date of Last Report: 02/07/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3040201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HANSEL, LYNN
402 HIGH POINT DRIVE
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name: HALL, GEORGE F.

82 Street Address (P.O. Box Number is Not Acceptable): 6150 BARNA AVE

83: T

84 City: TITUSVILLE FL 85 Zip Code: 32780

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: George F. Hall — DATE: Feb 14, 1996

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HALL, GEORGE		1.2 NAME		
STREET ADDRESS	6150 BARNA AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOOHER, SHERRI		2.2 NAME		
STREET ADDRESS	6249 SLEEPYHOLLOW DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MONTANTE, JAMES N		3.2 NAME		
STREET ADDRESS	6285 SLEEPY HOLLOW DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CRAMER, ALLOW		4.2 NAME	CRAMER, ALLEN	
STREET ADDRESS	6214 SLEEPYHOLLOW DR		4.3 STREET ADDRESS	6214 SLEEPYHOLLOW DR.	
CITY-ST-ZIP	TITUSVILLE FL		4.4 CITY-ST-ZIP	TITUSVILLE, FL. 32780	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIRMONS, RICHARD		5.2 NAME		
STREET ADDRESS	6198 SLEPPYHOLLOW DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James N. Montante — 2/14/96 — (407) 268-8075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)