2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# 763085

Entity Name: THE HILLS II RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

6266 SLEEPY HOLLOW DR.
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

6266 SLEEPY HOLLOW DR
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-3040201 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HULLINGER, GREG
6261 SLEEPY HOLLOW DR.
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HULLINGER, GREG	
Address:	6261 SLEEPY HOLLOW DR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	TD	( ) Delete
Name:	SYMS, STACY	
Address:	6266 SLEEPY HOLLOW DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	VD	( ) Delete
Name:	HULLINGER, RONALD	
Address:	6189 SLEEPY HOLLOW DR	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	MELLBERG, GALE	
Address:	6190 SLEEPY HOLLOW DR	
City-St-Zip:	TITUSVILLE, FL 32780	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREG HULLINGER PD 04/28/2005

Electronic Signature of Signing Officer or Director — Date