2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763085

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TITUSVILLE, FL 32780

HULLINGER, RONALD

TITUSVILLE, FL 32780

6189 SLEEPY HOLLOW DR

() Delete

FILED Apr 28, 2006 Secretary of State

Entity Name: THE HILLS II RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6266 SLEEPY HOLLOW DR 6213 SLEEPY HOLLOW DR. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 **Current Mailing Address: New Mailing Address:** 6266 SLEEPY HOLLOW DR 6213 SLEEPY HOLLOW DR. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 US FEI Number: 59-3040201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HULLINGER, GREG SULTZ, JOYCE E 6261 SLEEPY HOLLOW DR. 6261 SLEEPY HOLLOW DR. TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 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: JOYCE E SULTZ 04/28/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HULLINGER, GREG Name: Name: 6261 SLEEPY HOLLOW DR. Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: TD Title: () Delete (X) Change () Addition SYMS, STACY Name: SULTZ, JOYCE Name: Address: 6266 SLEEPY HOLLOW DR Address: 6213 SLEEPY HOLLOW DR

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TITUSVILLE, FL 32780

() Change () Addition

Title: S () Delete Title: () Change () Addition
Name: MELLBERG, GALE Name:
Address: 6190 SLEEPY HOLLOW DR

 Name:
 MELLBERG, GALE
 Name:

 Address:
 6190 SLEEPY HOLLOW DR
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JOYCE SULTZ TD 04/28/2006