

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002305

1. Entity Name
HILLCREST HEIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**613 HILLCREST STREET
ORLANDO, FL 32803**

Mailing Address
**613 HILLCREST STREET
ORLANDO, FL 32803**



02212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3748786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUSICK, COLLEEN
611 HILLCREST STREET
ORLANDO, FL 32803**

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

2/21/05
DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PELLEGRINO, JOSEPH
STREET ADDRESS 613 HILL CREST AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VPDT
NAME CUSICK, COLLEEN
STREET ADDRESS 611 HILL CREST AVE
CITY-ST-ZIP ORLANDO, FL 32803

TITLE SD
NAME GOODWIN, CHARLIE
STREET ADDRESS 14933 LYMINGTON CIRCLE
CITY-ST-ZIP ORLANDO, FL 32826

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Colleen Cusick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05 *407.963.1033*
Date Daytime Phone #