

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90181 047 ****70.00

DOCUMENT # NO1000002305

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**

593748786

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DON ASHER & ASSOCIATES
52 E SIUTH STREET
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

Stacey Miller

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

611 Hillcrest Street

City

Orlando

FL

Zip Code

32803

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 **Stacey Miller**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/03

FILE NOW: FEE IS \$61.25

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	VPDT	<input type="checkbox"/> Delete
NAME	PELLEGRINO, JOSEPH	
STREET ADDRESS	613 HILL CREST AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, STACEY	
STREET ADDRESS	611 HILL CREST AVE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, SHAYNA	
STREET ADDRESS	3120 DOWNS LOVE RD	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pellegrino, Joseph	
STREET ADDRESS	613 Hillcrest Street	
CITY-ST-ZIP	Orlando FL 32803	
TITLE	VPDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Stacey	
STREET ADDRESS	611 Hillcrest Street	
CITY-ST-ZIP	Orlando, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Stacey Miller** **2/20/03** **739-7500**

CR2E037 (10/02)