

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90164 022 ****61.25

DOCUMENT # N01000003585

1. Entity Name

HILL'S PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1890 KINGSLEY AVE
 ORANGE PARK FL 32073

1890 KINGSLEY AVE
 ORANGE PARK FL 32073

2. Principal Place of Business
 3620 PEORIA ROAD

3. Mailing Address
 3620 PEORIA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 ORANGE PARK, FLORIDA

City & State
 ORANGE PARK, FLORIDA

Zip
 32065

Country
 CLAY

Zip
 32065

Country
 CLAY

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNTLEY, LOUIS L
 1890 KINGSLEY AVE
 ORANGE PARK FL 32073

Name
 JOHN B. MOSS

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

1530 BUSINESS CENTER DR., STE. 4

City
 ORANGE PARK

FL

Zip Code
 32003

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HUNTLEY, LOUIS L 1890 KINGSLEY AVE ORANGE PARK FL 32073 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTLEY, WARD 1890 KINGSLEY AVE ORANGE PARK FL 32073 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORREN, ROY 1890 KINGSLEY AVE ORANGE PARK FL 32073 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WRIGHT, L. JOHN 3620 PEORIA ROAD ORANGE PARK, FLORIDA 32065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, DEBORAH A. 3620 PEORIA RD. ORANGE PARK, FL. 32065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, SUSAN C. 3620 PEORIA RD. ORANGE PARK, FL. 32065 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/02 904-276-3011
 Date Daytime Phone #

CR2E037 (9/01)