

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90035 021 ****61.25

DOCUMENT # N01000004255 1. Entity Name HILLCREST OWNERS ASSOCIATION, INC.					
Principal Place of Business 447 SW BREEZY DR LAKE CITY, FL 32025			Mailing Address 447 SW BREEZY DR LAKE CITY, FL 32025		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-4823829	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIMPSON, LORI 447 SW BREEZY DR LAKE CITY, FL 32025				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Lori Simpson</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				4-7-08 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, BRENDA		NAME		
STREET ADDRESS	5736 BULB FARM RD		STREET ADDRESS		
CITY-ST-ZIP	WELLBORN, FL 32094		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, LORI		NAME		
STREET ADDRESS	447 SW BREEZY DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISBEL, STEVEN		NAME		
STREET ADDRESS	282 SW BREEZY DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32025		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIEBERG JR., PETER		NAME		
STREET ADDRESS	P.O. BOX 159		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 32056		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Thomas, Christy	
STREET ADDRESS			STREET ADDRESS	259 SW Gusty Glen	
CITY-ST-ZIP			CITY-ST-ZIP	Lake City, FL 32025	
TITLE		<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Giraldo-Berrio, Mercedes	
STREET ADDRESS			STREET ADDRESS	116 SW Breezy Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Lake City, FL 32025	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Lori Simpson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-7-08 (386) 752-2874 <small>Date Daytime Phone #</small>		