

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 029 \*\*\*\*61.25

<b>DOCUMENT # N01000006200</b> 1. Entity Name <b>HILLSIDE HEIGHTS PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>HILLSIDE HEIGHTS DRIVE LAKELAND, FL <del>33813</del> 33812</b>				Mailing Address <b>PO BOX 821 HIGHLAND CITY, FL 33846</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072007 Chg-NP CR2E037 (12/06) 4. FEI Number <b>59-3741948</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>EDWARDS, ELLEN 6040 HILLSIDE HEIGHTS DR LAKELAND, FL 33813</b>			Name <b>Carol J. Dryden</b> Street Address (P.O. Box Number is Not Acceptable) <b>5975 Hillside Heights Dr.</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33812</b>		
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 <i>Carol J. Dryden</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3-05-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FLOWERS, RONALD 5992 HILLSIDE HEIGHTS DR LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P John McKinley 6024 Hillside Heights Dr. Lakeland, FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EDWARDS, ELLEN M 6040 HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP William Boyd 6031 Hillside Heights Dr. Lakeland, FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, MIKE <del>6040</del> HILLSIDE HEIGHTS DR LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete <i>Incorrect - 5979</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Carol J. Dryden 5975 Hillside Heights Dr. Lakeland, FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMB FLOWERS, RONALD 5992 HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC Ronald Flowers 5992 Hillside Heights Dr. Lakeland, FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR CONNER, VICKI 5996 HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mike Conner 5996 Hillside Heights Dr. Lakeland, FL 33812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MCKINLEY, JOHN 6024 HILLSIDE HEIGHTS DR LAKELAND, FL 33813</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Carol J. Dryden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3-05-07</b> (863) 644-1686 <small>Daytime Phone #</small>		