2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90017 013 ****61.25

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1. Entity Name
HILLSIDE HEIGHTS PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33812	PO BOX 821 HIGHLAND CITY, FL 33846

02122008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 59-3741948 ☐ 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
DRYDEN, CAROL J 5975 HILLSIDE HEIGHTS DR LAKELAND, FL 33812	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 Carol J. Dryden, Treasurer 3-17-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOYD, WILLIAM 6031 HILLSIDE HEIGHTS DR LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P McKinley, John 6024 Hillside Heights Dr. Lakeland, FL 33812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DRYDEN, CAROL J 5975 HILLSIDE HEIGHTS DR LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Hayes, Brian 5976 Hillside Heights Dr. Lakeland, FL 33812	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, MIKE 5979 HILLSIDE HEIGHTS DR LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Carol J. Dryden 5975 Hillside Heights Dr. Lakeland, FL 33812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLOWERS, RONALD 5992HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Boyd 6031 Hillside Heights Dr. Lakeland, FL 33812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNER, MIKE 5996 HILLSIDE HEIGHTS DRIVE LAKELAND, FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCKINLEY, JOHN 6024 HILLSIDE HEIGHTS DR LAKELAND, FL 33813	☐ Delete	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 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: Carol J. Dryden, Treas. 3-17-08 863-644-1686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #