2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N01000006200

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

Current Principal Place of Business:

HILLSIDE HEIGHTS DRIVE
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

PO BOX 821
HIGHLAND CITY, FL 33846

New Mailing Address:

FEI Number: 59-3741948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRYDEN, CAROL J
5975 HILLSIDE HEIGHTS DR
LAKELAND, FL 33812 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCKINLEY, JOHN
Address: 6024 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 338152

Title: VP ( ) Delete
Name: HAYES, BRIAN
Address: 5976 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: T ( ) Delete
Name: DRYDEN, CAROL J
Address: 5975 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: D ( ) Delete
Name: BOYD, WILLIAM
Address: 6031 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: P ( ) Delete
Name: MCKINLEY, JOHN
Address: 6024 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: EDWARDS, ELLEN M
Address: 6040 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: VP (X) Change ( ) Addition
Name: BOYD, WILLIAM
Address: 6031 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: DA VIA, ROBERT
Address: 6023 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

Title: D (X) Change ( ) Addition
Name: SCOTT, EVAN
Address: 6048 HILLSIDE HEIGHTS DR
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL J DRYDEN T 01/22/2009

Electronic Signature of Signing Officer or Director — Date