2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2008 08:00 A Secretary of State DOCUMENT # N02000003015 THE HILLTOP COMMUNITY CLUB, INC. Mailing Address Principal Place of Business 4377 LONGMIRE AVE. 4427 LONGMIRE AVE. MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 03182008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4233152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAMPSHIRE, FRED JR. 4377 LONGMIRE AVE. IN THIS SPACE MIDDLEBURG, FL 32068 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. Signature, typed or conted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE PD NAME HAMPSHIRE, FRED JR. STREET ADDRESS 4377 LONGMIRE AVE. finnannegge44%. CITY-ST-ZIP MIDDLEBURG, FL 32068 /23/08-80074-013161 TITLE VD NAME BURKES, EARNESTINE D STREET ADDRESS P. O. BOX 1262 CITY-ST-ZIP MIDDLEBURG, FL 320501262 NAME PRESHA, GENEVA STREET ADDRESS P. O. BOX 92 DO NOT WRITE CITY-ST-7IP MIDDLEBURG, FL 320500092 IN THIS SPACE TITLE JEFFERSON, QUINTESSA STREET ADDRESS 2684 FORMAN CIR. CITY-ST-ZIP MIDDLEBURG, FL 32068 HALL, JOHNNY L NAME STREET ADDRESS 5553 PINE HILL LANE

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. CER OR DIRECTOR

CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

JACKSONVILLE, FL 32244