


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90324 022 \*\*\*\*61.25

**DOCUMENT # N02000009976**

1. Entity Name  
**HILDABRAD PARK ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

**825 SE RIVERSIDE DRIVE**      **825 SE RIVERSIDE DRIVE**  
**STUART FL 34994**              **STUART FL 34994**  
**US**                                      **US**

2. Principal Place of Business      3. Mailing Address

**817 SE Riverside Drive**      **817 SE Riverside Drive**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

**Stuart, FL**                              **Stuart, FL**

Zip      Country                      Zip      Country

**34994**      **USA**                      **34994**      **USA**

MOORE      CR2E037 (11/03)

4. FEI Number      Applied For

**59-3769478**      **APPLIED FOR**

Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

**BOAZ, KEVIN R**  
**825 SE RIVERSIDE DRIVE**  
**STUART FL 34996**

7. Name and Address of New Registered Agent

Name **David A. Sager**

Street Address (P.O. Box Numbers Not Acceptable) **817 SE Riverside Drive**

City **Stuart**      FL      Zip Code **34994**

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 *David A. Sager*      DATE **4-2-04**

Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BOOZ, KEVIN R 825 SE RIVERSIDE DR STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOZ, KIMBERLEY K 825 SE RIVERSIDE DR STUART FL 34994	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, DAVID 825 SE RIVERSIDE DR STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SAGER, DAVID A 817 SE RIVERSIDE DRIVE STUART, FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, MARILYN J 817 SE RIVERSIDE DRIVE STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ROSS 825 SE RIVERSIDE DRIVE STUART, FL 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *David A. Sager*      DATE **4-2-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #