


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009976
 1. Entity Name
HILDABRAD PARK ASSOCIATES, INC.



Principal Place of Business Mailing Address
817 SE RIVERSIDE DRIVE **817 SE RIVERSIDE DRIVE**
STUART, FL 34994 US **STUART, FL 34994 US**



04172008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3769478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
SAGER, DAVID A
817 SE RIVERSIDE DRIVE
STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000518783
 05/02/06-80025-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SAGER, DAVID A 817 SE RIVERSIDE DRIVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, MARILYN J 817 SE RIVERSIDE DRIVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGER, DAVID 817 SE RIVERSIDE DR STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ROSS 825 SE RIVERSIDE DRIVE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Dana A. Sager **4-17-2006** **772-223-9109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #