

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 23, 2007
Secretary of State**

DOCUMENT# N02000009976

Entity Name: HILDABRAD PARK ASSOCIATES, INC.

Current Principal Place of Business:

817 SE RIVERSIDE DRIVE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

817 SE RIVERSIDE DRIVE
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-3769478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGER, DAVID A
817 SE RIVERSIDE DRIVE
STUART, FL 34994 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: PTS () Delete
Name: SAGER, DAVID A
Address: 817 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SAGER, MARILYN J
Address: 817 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: SAGER, DAVID
Address: 817 SE RIVERSIDE DR
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: CAMERON, ROSS
Address: 825 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SOMERS, LISEL
Address: 830 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A SAGER

PTS

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date