

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-05-2003 90040 007 ****61.25

DOCUMENT # N02000009976

1. Entity Name

HILDABRAD PARK ASSOCIATES, INC.



Principal Place of Business

**825 SE RIVERSIDE DRIVE
STUART FL 34996
US**

Mailing Address

**825 SE RIVERSIDE DRIVE
STUART FL 34996
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

34994

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

34994

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

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
Street Address (P.O. Box Number is Not Acceptable)
City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/T/S	Kevin R Boaz	825 SE Riverside Dr	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Kimberlee K Boaz	825 SE Riverside Dr	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	David Sager	817 SE Riverside Dr	Stuart, FL 34994	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03

(772) 463-4630

CR2E037 (10/02)