

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000002047

1. Entity Name
HILLSIDE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
3626 ERINDALE DRIVE
VELRICO, FL 33594

Mailing Address
3626 ERINDALE DRIVE
VELRICO, FL 33594



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
20-0235172

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HASBINI, ALI
3626 ERINDALE DRIVE
VELRICO, FL 33594

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000237698
02/21/05-80067-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
APPLEYARD, ROBERT
3626 ERINDALE DRIVE
VELRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
NEJMAN, DAVE
3626 ERINDALE DRIVE
VELRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
POPOVICH, GAIL
3626 ERINDALE DRIVE
VELRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT APPEYARD

1/5/05

813-681-8419

Date

Daytime Phone #