

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005456

FILED  
Feb 15, 2005  
Secretary of State

**Entity Name:** HILL TOP HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

6863 PROCTOR ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-1189433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD 4TH FL  
TALLAHASSEE, FL 32309 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: D ( ) Delete  
Name: LARSON, JENNA A  
Address: 6863 PROCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: THOMPSON, CAROL A  
Address: 6863 PROCTOR ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: THOMPSON, JAMES L  
Address: 1825 COMMERCE BLVD  
City-St-Zip: MIDWAY, FL 32343

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: THOMPSON, JAMES L  
Address: 13475 MIDDLEFIELD ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES L THOMPSON

D

02/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date