

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 OCT -4 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---|---|--|
| DOCUMENT # N03000005456 1. Entity Name HILL TOP HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 13475 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309 | | Mailing Address 13475 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309 | |
| 2. Principal Place of Business 211 Hill Top Drive Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 641 Suite, Apt. #, etc. | |
| City & State Midway, FL Zip 32343 | | City & State Midway, FL Zip 32343 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-1189433 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MANAUSA, DANIEL E 3520 THOMASVILLE ROAD 4TH FL TALLAHASSEE, FL 32309-- | | 7. Name and Address of New Registered Agent Name Quintecalia Cato Street Address (P.O. Box Number is Not Acceptable) 1615 Martin Luther King Jr. Blvd. City Midway FL Zip Code 32343 | |
| 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 Quintecalia Cato <small>Signature, typed or printed name of registered agent and title if applicable</small> | | DATE 9/19/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSON, JENNA A 6863 PROCTOR ROAD TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, CAROL A 6863 PROCTOR ROAD TALLAHASSEE, FL 32308 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THOMPSON, JAMES L 13475 MIDDLEFIELD ROAD TALLAHASSEE, FL 32309 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| 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 Quintecalia Cato <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
| DATE 9/19/06 | | Daytime Phone # 950-575-9460 | |

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