2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N03000008178

1. Entity Name
HILTON ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463	6352 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
57-1168035
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, KENNETH
THE RAM REALTY GROUP, INC.
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOWNEY, AUDRA
STREET ADDRESS	4984 CYPRESS LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	VTD
NAME	BAAS, RYAN
STREET ADDRESS	4921 CYPRESS LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	SD
NAME	CEDENO, CHERYL
STREET ADDRESS	4968 CYPRESS LANE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80051-003 61.25

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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: Audra Downey AUDRA DOWNEY 3/24/8 963-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #