


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90036 040 ****70.00

DOCUMENT # N04000002533					
1. Entity Name HILLTOP PRESERVE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875			Mailing Address BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 6002 Rolling Vista Loop		3. Mailing Address Suite, Apt. #, etc. 6002 Rolling Vista Loop		04182007 Chg-NP CR2E037 (12/06)	
City & State Dover, Florida		City & State Dover, Florida		4. FEI Number NOT APPLICABLE	
Zip 33527		Country Hillsborough		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGH, PATRICK BLOSSOM HOLDINGS, LLC 1390 LAKE JOSEPHINE DR SEBRING, FL 33875				7. Name and Address of New Registered Agent Name: <u>Craig Meehan</u> Street Address (P.O. Box Number is Not Acceptable): <u>6002 Rolling Vista Loop</u> City: <u>Dover</u> <u>FL</u> Zip Code: <u>33527</u>	
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: <u>Craig D. Meehan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>[Signature]</u> <small>(NOTE: Registered agent signature required when reinstating)</small>		<u>4-24-7</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
	D	HIGH, S PATRICK	1390 LAKE JOSEPHINE DR		SEBRING, FL 33875
	D	BENNETT, RICHARD C	4001 MCLANE DR	<input checked="" type="checkbox"/> Delete	TAMPA, FL 33610
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
President	Craig D. Meehan	6002 Rolling Vista Loop	Dover, FL 33527		
Secretary / Treasurer	Debra Sommers	6030 Rolling Vista Loop	Dover, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Director	Joe Edwards	6028 Rolling Vista Loop	Dover, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Craig D. Meehan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-24-7</u> <small>Date</small>		<u>813-223-0945</u> <small>Daytime Phone #</small>	

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