

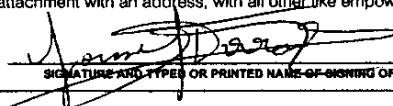


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90070 019 \*\*\*\*61.25

<b>DOCUMENT # N04000010978</b> 1. Entity Name <b>HILLCREST OF POMPANO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2190 SE 5TH ST. POMPANO BCH, FL 33062</b>			Mailing Address <b>2190 SE 5TH ST. OFFICE POMPANO BCH, FL 33062</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1927359</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RICHARDS, DAWNE M 2190 SE 5TH ST. OFFICE POMPANO BCH, FL 33062</b>				7. Name and Address of New Registered Agent Name <b>FARAH, YOUSSEF</b> Street Address (P.O. Box Number is Not Acceptable) <b>2190 SE 5TH STREET OFFICE</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33062</b>	
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  <b>FARAH, YOUSSEF</b> DATE <b>01/17/2008</b> <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES DARVILLE, PAMELA 2190 SE 5TH ST. OFFICE POMPANO BCH, FL 33062</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POPFINGER, TIMOTHY 2190 SE 5TH ST. OFFICE POMPANO BEACH, FL 33062</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TRAVIS, TRICIA 2190 SE 5TH ST. OFFICE POMPANO BCH, FL 33062</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROSA, JOSE CARLOS 2190 SE 5TH ST. OFFICE POMPANO BEACH, FL 33062</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T RICHARDS, DAWNE M 2190 SE 5TH ST. OFFICE POMPANO BCH, FL 33062</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T FARAH, YOUSSEF 2190 SE 5TH ST. OFFICE POMPANO BEACH, FL 33062</b>
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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.					
<b>SIGNATURE:</b>  <b>FARAH, YOUSSEF</b> DATE <b>01/17/08</b> DAYTIME PHONE # <b>631-241-1108</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					