

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001034

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** HILLSPREY VILLAS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1755 HILLVIEW ST.  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DUBIN ENTERPRISES  
POST OFFICE BOX 51732  
SARASOTA, FL 34232

**New Mailing Address:**

**FEI Number:** 20-2342398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUBAN, RONALD S  
7625 MAT OAKS RD  
SARASOTA, FL 34243 US

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

DUBAN, RONALD S  
7625 MATOAKA RD  
SARASOTA, FL 34243 US

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:

01/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: DORE, STEPHEN G  
Address: 1345 MAIN STREET STE C-2  
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete  
Name: LIBERTORA, DOUGLAS  
Address: P.O. BOX 1838  
City-St-Zip: SARASOTA, FL 34230

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: DS (X) Change ( ) Addition  
Name: LIBERTORE, DOUGLAS  
Address: P.O. BOX 1838  
City-St-Zip: SARASOTA, FL 34230

Title: DP ( ) Change (X) Addition  
Name: ROSIN, ANDREW  
Address: 1751 HILLVIEW STREET  
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEPHEN DORE

DVP

01/22/2009

Electronic Signature of Signing Officer or Director

Date