


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 045 ****61.25

DOCUMENT # N05000003263

1. Entity Name
PARK HILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1170 TREE SWALLOW DRIVE SUITE 305 WINTER SPRINGS, FL 32708	Mailing Address 1170 TREE SWALLOW DRIVE SUITE 305 WINTER SPRINGS, FL 32708
--	--

DO NOT WRITE IN THIS SPACE



03072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0893878	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASSIC PROPERTY MANAGEMENT GROUP, INC.
 1170 TREE SWALLOW DRIVE
 SUITE 305
 WINTER SPRINGS, FL 32708**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when restating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENAWALT, THOMAS 955 KELLER RD - SUITE 1500 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LONG, T. BERRY III 101 SOUTH BUMBY AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOWARD, SCOTT 955 KELLER RD - SUITE 1500 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JEFF 1170 TREE SWALLOW DRIVE SUITE 305 WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jeff Smith **Jeff Smith** 3/7/08 4079480594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #