

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010176

FILED
Apr 27, 2009
Secretary of State

Entity Name: HILLCREST OWNERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

New Principal Place of Business:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

Current Mailing Address:

5955 T.G. LEE BLVD. SUITE 300
ORLANDO, FL 328224457

New Mailing Address:

6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200

FEI Number: 20-4904820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT INC.
5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 328093200 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: REBECCA FURLOW

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BP (X) Delete
Name: REYNOLDS, GLENN
Address: 11945 SAN JOSE BLVD., BLDG. 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: BVP () Delete
Name: DONNELLY, KEITH
Address: 11945 SAN JOSE BLVD., BLDG. 300
City-St-Zip: JACKSONVILLE, FL 32223

Title: BST () Delete
Name: BACHUSZ, REBECCA
Address: 11945 SAN JOSE BLVD., BLDG. 300
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KEITH DONNELLY

BVP

04/27/2009

Electronic Signature of Signing Officer or Director

Date