

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010176

FILED
Feb 16, 2012
Secretary of State

Entity Name: HILLCREST OWNERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

2870 SCHERER DR N
SUITE 100
ST.PETERSBURG, FL 33716

New Principal Place of Business:

6310 CAPITAL DRIVE
SUITE 130
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

2870 SCHERER DR N, SUITE 100
SUITE 100
ST.PETERSBURG, FL 33716

New Mailing Address:

6310 CAPITAL DRIVE
SUITE 130
LAKEWOOD RANCH, FL 34202

FEI Number: 20-4904820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'RYAN, CHRISTIAN
2701 ROCKY POINT DRIVE
SUITE 900
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D
Name: SMITH, CANDICE
Address: 6310 CAPITAL DRIVE, SUITE 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: VP/D
Name: BALLENTINE, JEFF
Address: 6310 CAPITAL DRIVE, SUITE 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: D/S
Name: WILSON, JENNIFER
Address: 6310 CAPITAL DRIVE, SUITE 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: T/D
Name: MALONEY, KATHIE
Address: 6310 CAPITAL DRIVE, SUITE 130
City-St-Zip: LAKEWOOD RANCH, FL 34202

I hereby 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 all other like empowered.

SIGNATURE: CHRIS ENCINIAS

LCAM

02/16/2012

Electronic Signature of Signing Officer or Director

Date