

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011386

FILED
Apr 03, 2009
Secretary of State

Entity Name: HILLCREST AT LAKE NETTIE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1331 STANLEY ST
LONGWOOD, FL 32750

New Principal Place of Business:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

Current Mailing Address:

1331 STANLEY ST
LONGWOOD, FL 32750

New Mailing Address:

1170 TREE SWALLOW DRIVE
SUITE 305
WINTER SPRINGS, FL 32708

FEI Number: 20-3971271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASSIC PROPERTY MANAGEMENT GROUP, INC.
1331 STANLEY ST
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: LONG, T. BERRY III
Address: 101 SOUTH BUMBY AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: DP () Delete
Name: GREENAWALT, THOMAS
Address: 955 KELLER ROAD STE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Delete
Name: CLASSIC PROPERTY MANAGEMENT GROUP INC.
Address: 1331 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

Title: M (X) Delete
Name: SMITH, JEFF
Address: 1331 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

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:

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: THOMAS GREENAWALT

DP

04/03/2009

Electronic Signature of Signing Officer or Director

Date