

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003740

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE HILLS AT ROSE CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

930 SW BAYA DRIVE  
LAKE CITY, FL 32025

**New Principal Place of Business:**

1353 SE LOQUAT WAY  
LAKE CITY, FL 32025

**Current Mailing Address:**

P.O. BOX 1874  
LAKE CITY, FL 32056

**New Mailing Address:**

PO BOX 7406  
LAKE CITY, FL 32056

**FEI Number:** 20-4594499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CREWS, BRIAN F  
930 SW BAYA DRIVE  
LAKE CITY, FL 32025 US

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

CREWS, BRIAN F  
1353 SE LOQUAT WAY  
LAKE CITY, FL 32025 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CREWS, BRIAN F  
Address: 930 SW BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025

Title: TD ( ) Delete  
Name: LEE, MICHELE  
Address: 708 NW EMERALD LAKES DRIVE  
City-St-Zip: LAKE CITY, FL 32055

Title: SD ( ) Delete  
Name: CREWS, KAREN J  
Address: 930 SW BAYA DRIVE  
City-St-Zip: LAKE CITY, FL 32025

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

Title: PD (X) Change ( ) Addition  
Name: CREWS, BRIAN F  
Address: 1353 SE LOQUAT WAY  
City-St-Zip: LAKE CITY, FL 32025

Title: TD (X) Change ( ) Addition  
Name: BULLARD, TAMMY  
Address: 1353 SE LOQUAT WAY  
City-St-Zip: LAKE CITY, FL 32055

Title: SD (X) Change ( ) Addition  
Name: CREWS, KAREN J  
Address: 1353 SE LOQUAT WAY  
City-St-Zip: LAKE CITY, FL 32025

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: BRIAN F CREWS

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date