

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004271

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** HILLSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

23 N HILLSIDE AVE  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

23 N HILLSIDE AVE  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PORTER, MATTHEW R  
23 N HILLSIDE AVE  
ORLANDO, FL 32803 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: PD ( ) Delete  
Name: PORTER, MATTHEW R  
Address: 23 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete  
Name: PORTER, STEPHANIE M  
Address: 23 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: JOHNSON, MEL  
Address: 21 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: JOHNSON, NANCY  
Address: 21 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

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

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

Title: SD (X) Change ( ) Addition  
Name: PORTER, STEPHANIE  
Address: 23 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: TD (X) Change ( ) Addition  
Name: BUSSEY, AUDRA  
Address: 21 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

Title: VPD (X) Change ( ) Addition  
Name: BUSSEY, WILLIAM  
Address: 21 N HILLSIDE AVE  
City-St-Zip: ORLANDO, FL 32803

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: MATTHEW R. PORTER

PD

04/14/2008

Electronic Signature of Signing Officer or Director

Date