## 2007 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # N06000009961



FILED Feb 02, 2007 8:00 am

Secretary of State

02-02-2007 90007 040 \*\*\*\*70.00

HILLCREST PLACE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 714 MANATEE AVE EAST 714 MANATEE AVE EAST 40008685 BRADENTON, FL 34208 BRADENTON, FL 34208 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 CR2E037 (12/06) Cha-NP Applied For City & State City & State 4. FEI Number Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHC AT HARBOR HILLS, LLC Street Address (P.O. Box Number is Not Acceptable) 714 MANATEE AVE EAST BRADENTON, FL 34208 City Zip Code The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD' TITLE ☐ Delete TITLE Change Addition | HEROLD, FRANK L NAME NAME 774 MANATEE AVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP VPD ☐ Delete Change Addition TITLE WILLIAMS, BRITTON H NAME NAME 714 MANATEE AVE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP \_\_\_ Change Delete Addition TITLE TITLE THOMPSON, J. WESLEY NAME NAME STREET ADDRESS 714 MANATEE AVE EAST STREET ADDRESS BRADENTON, FL 34208 CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that the information supplied with this filling does not coally for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

HEROLD

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

\_\_ Change

☐ Change

Addition

Addition