

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-21-2008 90097 022 ****61.25

DOCUMENT # N07000007104 1. Entity Name NORTH HILLS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539		Mailing Address 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539	
2. Principal Place of Business - No P.O. Box # 908 Gardengate Circle		3. Mailing Address 908 Gardengate Circle	
Suite, Apt. #, etc. City & State Pensacola, FL		Suite, Apt. #, etc. City & State Pensacola, FL	
Zip 32504		Zip 32504	
Country		Country	
4. FEI Number 26-2517016		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLCOMB, DAVID 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent Kevin Etheridge Street Address (P.O. Box Number is Not Acceptable) 908 Gardengate Circle City Pensacola FL Zip Code 32504	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, type and print name of registered agent and state if applicable.</small>		DATE 4-15-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLCOMB, DAVID 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCEACHEM, SANDY 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST PATTERSON, MIKE 128 JOHN KING RD SUITE 18 CRESTVIEW, FL 32539	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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, with all other like empowered.			
SIGNATURE:		Date 2-16-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 850-689-8885	