

N12000011161

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

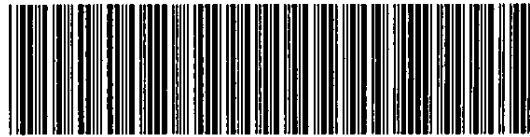
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Special Instructions to Filing Officer:

C.M. Ryan **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article II + V
DATE 11/29/12
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Office Use Only

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W12000040233



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07/30/12--01028--013 **70.00

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12 NOV 29 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 11/30/12

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: HILLANDALE RESERVE HOMEOWNERS ASSOCIATION, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: C.M. Ryan
Name (Printed or typed)

1113 Isobel Reserve Ln.
Address

Tampa, Florida 33613
City, State & Zip

813-477-1894
Daytime Telephone number

urbanscape2000@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 AUG 10 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 31, 2012

C.M. RYAN
1113 ISOBEL RESERVE LN.
TAMPA, FL 33613

SUBJECT: HILLANDALE RESERVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: W12000040233

We have received your document for HILLANDALE RESERVE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 212A00020048

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

Hillandale Reserve Homeowners Association, Inc.

ARTICLE I NAME

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1113 Isobel Reserve Ln.
Tampa, Florida 33613

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

establish and operate a non-profit homeowners association for the Hillandale Reserve subdivision. A single family home subdivision in Hillsborough County, Florida.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The manner in which the directors are elected and appointed is as state in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C.M. Ryan - Director

Address: 1113 Isobel Reserve Ln.
Tampa, Florida 33613

Name and Title: _____

Address: _____

Name and Title: Annette Kent - Director

Address: 1113 Isobel Reserve Ln.
Tampa, Florida 33613

Name and Title: _____

Address: _____

Name and Title: Mary Myers - Director

Address: 1113 Isobel Reserve Ln.
Tampa, Florida 33613

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C.M. Ryan

Address: 1113 Isobel Reserve Ln.
Tampa, Florida 33613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: C.M. Ryan

Address: 1113 Isobel Reserve Ln.
Tampa, Florida 33613

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

C.M. Ryan

Required Signature of Registered Agent

7/27/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

C.M. Ryan

Required Signature of Incorporator

7/27/12

Date

FILED
12 NOV 29 PM 4: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA