2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90566 006 ****61.25

1. Entity Nam	MENT # N17598 HILLS PROPERTY OWNER	S ASSOCIATION, IN	ıc.		05-02-2005	90566 006 ****(61.25
17553 SE INDIAN HILLS		Mailing Address 17344 SE CONCH BAR JUPITER, FL 33469	17344 SE CONCH BAR AVE			. 818(1 812) 812) 8121 818 812	(1)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 C	hg-NP	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-006806	35		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent-		- 7Name and Add	ress of New R	legistered Agent	
ARMOUR, ALAN 17553 S.E. INDIAN HILLS DR. TEQUESTA, FL 33469				Name Street Address (P.O. Box Number is Not Acceptable)			
			City	•		FL Zip Cod	ie
	a named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or r	registered agent, or both, in	the State of Fic	orida. I am familiar with,	, and accept
SIGNATURE							
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	e required when reinstating)		DATE	
	Signature, typed or printed name of registered agent Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car	mpaign Financing	\$5.00 May Be Added to Fees		DATE ake check payable t ida Department of S	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cal Trust Fund (mpalgn Financing Contribution.	\$5.00 May Be Added to Fees	Flor	ake check payable t Ida Department of S	tate
10.	Filing Fee is \$61.25	9. Election Can Trust Fund (mpalgn Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	lake check payable tida Department of S	tate
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Increox certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 or onth; 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: S