


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90050 040 \*\*\*\*70.00

<b>DOCUMENT #N17684</b> 1. Entity Name <b>HILLWOOD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROFESSIONAL COMMUNITY MGMT. INC.</b> <b>786 BLANDING BLVD #118</b> <b>ORANGE PARK, FL 32065</b>			Mailing Address <b>PROFESSIONAL COMMUNITY MGMT. INC.</b> <b>786 BLANDING BLVD #118</b> <b>ORANGE PARK, FL 32065</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>63-0948031</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PERRY, ALAN</b> <b>786 BLANDING BLVD #118</b> <b>ORANGE PARK, FL 32065</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TO PATZ, JEROLD 2401 WOODHILL PLACE JACKSONVILLE, FL 32256		DT Paula Bedard 306 Branchwood Lane Jacksonville, FL 32256			
PD THORNE, RICHARD 2904 BRANCHWOOD LANE JACKSONVILLE, FL 32256		DP Dallas Clapsaddle 401 Branchwood Lane Jacksonville, FL 32256			
SD MULLEN, ELLIE 1501 WOOD HILL PLACE JACKSONVILLE, FL 32256		D Peggy Geiss 204 Branchwood Lane Jacksonville, FL 32256			
D FAUTH, JILL 3014 BRANCHWOOD LANE JACKSONVILLE, FL 32256		D Greg Henderson 1506 Woodhill Place Jacksonville, FL 32256			
D BUCHHOLZ, KEN 1601 WOODHILL PL JACKSONVILLE, FL 32256		DV Frank Roda 704 Woodhill Place Jacksonville, FL 32256			
VP VEREEN, JENE 2407 WOOD HILL PL JACKSONVILLE, FL 32256		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: <u>Eleanor Mullen Taylor</u> E. MULLEN TAYLOR 3/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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