


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90079 047 ****70.00

DOCUMENT # N17684 1. Entity Name HILLWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PROFESSIONAL COMMUNITY MGMT. INC. 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065			Mailing Address PROFESSIONAL COMMUNITY MGMT. INC. 786 BLANDING BLVD #118 ORANGE PARK, FL 32065		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 63-0948031	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERRY, ALAN 786 BLANDING BLVD #118 ORANGE PARK, FL 32065				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;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DT BEDARD, PAULA 306 BRANCH WOOD LANE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLAPSADDLE, DALLAS 401 BRANCHWOOD LANE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLEN, ELLIE 1501 WOOD HILL PLACE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arthur Cox 1705 Woodhill Place Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEISS, PEGGY 204 BRANCHWOOD LANE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Denise Childers 2613 Goodby Trace Dr. Jacksonville, FL 32217	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, GREG 1506 WOODHILL PLACE JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Hayes 206 Branchwood Lane Jacksonville, FL 32256	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RODO, FRANK 704 WOODHILL PLACE JACKSONVILLE, FL 32256		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: X <i>Paula Bedard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	

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