

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90051 044 \*\*\*\*70.00

<b>DOCUMENT # N17684</b>					
<b>1. Entity Name</b> HILLWOOD CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> PROFESSIONAL COMMUNITY MGMT. INC. 786 BLANDING BLVD #118 ORANGE PARK, FL 32065			<b>Mailing Address</b> PROFESSIONAL COMMUNITY MGMT. INC. 786 BLANDING BLVD #118 ORANGE PARK, FL 32065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number:</b> 63-0948031	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PERRY, ALAN 786 BLANDING BLVD #118 ORANGE PARK, FL 32065			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10</b>		
<b>TITLE</b> DT <b>NAME</b> BEDARD, PAULA <b>STREET ADDRESS</b> 306 BRANCH WOOD LANE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Dianne Schnorr <b>STREET ADDRESS</b> 301 Branchwood Lane <b>CITY-ST-ZIP</b> Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> CLAPSADDLE, DALLAS <b>STREET ADDRESS</b> 401 BRANCHWOOD LANE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DVP <b>NAME</b> Bill Forrest <b>STREET ADDRESS</b> 1405 Wood Hill Place <b>CITY-ST-ZIP</b> Jacksonville FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COX, ARTHUR <b>STREET ADDRESS</b> 1705 WOODHILL PL <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Rodney Hicks <b>STREET ADDRESS</b> 1204 Wood Hill Place <b>CITY-ST-ZIP</b> Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> CHILDERS, DENISE <b>STREET ADDRESS</b> 3613 GOODBY TRACE DR <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> HAYES, STEVE <b>STREET ADDRESS</b> 206 BRANCHWOOD LN <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> DV <b>NAME</b> RODO, FRANK <b>STREET ADDRESS</b> 704 WOODHILL PLACE <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete		<b>TITLE</b> DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Frank Rodo</u>			20 Feb 08 904-293-2323		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		