## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

.TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

## Jan 16, 2007 8:00 am **Secretary of State** DOCUMENT # N18373 01-16-2007 90201 011 \*\*\*\*61.25 1. Entity Name HILLWOOD HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **60000766** 4578 HILLWOOD WAY 4578 HILLWOOD WAY TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01042007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANKENSHIP, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 4123 WOODVILLE HWY. TALLAHASSEE, FL 32301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete PD Addition TITLE TITLE BROWN, RAYMOND NAME NAME LYNUSODO ARNOLD STREET ADDRESS 4570 HILLWOOD WAY STREET ADDRESS 4593 Hillwood WAY CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP TALLAHASSEE, FL 32308 STD TITLE ☐ Delete TITLE ☐ Change Addition STOKES, RYAN NAME NAME 4578 HILLWOOD WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition YOPP, ERIC NAME 4588 HILLWOOD WAY STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

**FILED** 

☐ Change

☐ Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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 it 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.

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: Iman House	RYAN STOKES	1/12/07	850-410-4812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Dayime Phone #