2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18373

FILED Jun 18, <u>2</u>009 Secretary of State

Entity Name: HILLWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4578 HILLWOOD WAY 4593 HILLWOOD WAY

TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 US US

Current Mailing Address: New Mailing Address:

4578 HILLWOOD WAY 4593 HILLWOOD WAY

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 US

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, MARILYN 2054 CRESTDALE DRIVE TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete STOKES, RYAN Name: ARNOLD, LAURA Name: 4578 HILLWOOD WAY Address: 4593 HILLWOOD WAY Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

(X) Change () Addition Title: () Delete Title: PRES

Name: KUNTAWAZR, DILIP Name: KUNTAWALA, DILIP Address: 2112 CRESTDALE DRIVE Address: 2112 CRESTDALE DRIVE City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete Title: (X) Change () Addition

UNWOLD, ARNOLD LAUDADIO, ANTHONY Name: Name: 4593 HILLWOOD WAY Address: Address: 4562 HILLWOOD WAY City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA ARNOLD S/TR 06/18/2009