

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18588 (6)

1. Corporation Name

HILLVIEW HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

P.O. BOX 166
PENSACOLA FL 32591

P.O. BOX 166
PENSACOLA, FL 32591

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WINDSOR, EVA M.
9852 HILLVIEW RD.
PENSACOLA, FL 32514

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified

12/31/1986

4. FET Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE EVA M. WINDSOR, TREASURER

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

02/22/99

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[X] DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VD
THOMAS DAVID
9916 HILLVIEW RD
PENSACOLA FL 32514

[X] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
PATTERSON CAROL
10030 AUTUMN LN
PENSACOLA FL 32514

[X] DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SD
COOK ELIZABETH
9007 AUTUMN LANE
PENSACOLA FL 32514

[X] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
WINDSOR EVA M
9852 HILLVIEW RD
PENSACOLA, FL 32514

[] DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

P
POPE RICHARD
9912 HILLVIEW RD
PENSACOLA FL 32514

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
PATTERSON DONALD
10030 AUTUMN LN
PENSACOLA FL

[X] DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

P
POPE RICHARD
9912 HILLVIEW RD
PENSACOLA FL 32514

[X] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P
POPE RICHARD
9912 HILLVIEW RD
PENSACOLA FL 32514

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[] DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P
POPE RICHARD
9912 HILLVIEW RD
PENSACOLA FL 32514

[] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. WINDSOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/99

Daytime Phone #

CR2E037 (11/98)