


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 006 ****61.25

DOCUMENT # N18588 1. Entity Name HILLVIEW HOMEOWNERS ASSOCIATION INC.	
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Principal Place of Business P.O. BOX 166 PENSACOLA, FL 32591	Mailing Address P.O. BOX 166 PENSACOLA, FL 32591
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*please change both to
10030 Autumn Lane
Pensacola, FL 32514*

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Eva has retired
WINDSOR, EVA M
9852 HILLVIEW RD.
PENSACOLA, FL 32514

*please change to:
Carol Patterson
10030 Autumn Lane
Pensacola, FL 32514*

**DO NOT WRITE
IN THIS SPACE**

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 Carol Patterson Carol Patterson 4-2-08
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
Due by May 1, 2008**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, ELIZABETH 9007 AUTUMN LANE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATTERSON, CAROL 10030 AUTUMN LN. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, DAVID 9916 HILLVIEW RD. PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DAVID 9441 PLAINFIELD AVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

*delete - no
longer in the organization*

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: Carol Patterson Carol Patterson 4-2-08 (850) 478-3282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #