

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N18588

Entity Name: HILLVIEW HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

10030 AUTUMN LANE
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

10030 AUTUMN LANE
PENSACOLA, FL 32514

New Mailing Address:

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

Name and Address of Current Registered Agent:

PATTERSON, CAROL
10030 AUTUMN LANE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COOK, ELIZABETH
Address: 9007 AUTUMN LANE
City-St-Zip: PENSACOLA, FL 32514

Title: T () Delete
Name: PATTERSON, CAROL
Address: 10030 AUTUMN LN.
City-St-Zip: PENSACOLA, FL 32514

Title: PD () Delete
Name: THOMAS, DAVID
Address: 9916 HILLVIEW RD.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL PATTERSON

T

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date