2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N24968

Entity Name: HILLCREST COUNTRY CLUB APARTMENTS NO. 2 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

HILLCREST BLDG 2
BOX 100
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

USA SERVICE
6915 TAFT ST
HOLLYWOOD, FL 33024

New Mailing Address:

HILLCREST BLDG 2
BOX 100
HOLLYWOOD, FL 33021

FEI Number: 65-0085462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARACINO, DANIEL
5100 WASHINGTON ST
APT 209
HOLLYWOOD, FL 33021 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:	P	( ) Delete
Name:	SARACINO, DANIEL	
Address:	5100 WASHINGTON ST APT 209	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	TOBIN, EVELYN	
Address:	5100 WASHINGTON ST #105	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	MONTOYA, GLORIA	
Address:	5100 WASHINGTON ST APT 505	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	T	( ) Delete
Name:	ROBARRE, DONALD	
Address:	5100 WASHINGTON ST 507	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	D	( ) Delete
Name:	FERRARI, AL	
Address:	5100 WASHINGTON ST. #111	
City-St-Zip:	HOLLYWOOD, FL 33021	

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:	
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: DANIEL SARACINO P 04/27/2009

Electronic Signature of Signing Officer or Director — Date