

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90043 022 ****61.25

DOCUMENT # N29465

1. Entity Name
HILLSBOROUGH REGION AACA, INC.



Principal Place of Business
**5612 PADDOCK TRAIL DRIVE
TAMPA, FL 33621 US**

Mailing Address
**5612 PADDOCK TRAIL DRIVE
TAMPA, FL 33624 US**

40001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2953057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, MARLENE
714 APOLLO BEACH BLVD
APOLLO BEACH, FL 33572**

Name

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

City

FL

Zip Code

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **KURASH, KATHERINE**
STREET ADDRESS **6258 NELMS RD W**
CITY-ST-ZIP **LAKELAND, FL 33811**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete
NAME **FERNANDEZ, WILLIE**
STREET ADDRESS **7214 FLOWERFIELD DR**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
NAME **FERNANDEZ, LINDA**
STREET ADDRESS **7214 FLOWERFIELD DR**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
NAME **HALL, MARLENE**
STREET ADDRESS **714 APOLLO BCH BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **SUTER, CHARLES**
STREET ADDRESS **39105 RIVER RD**
CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE ☐ Change ☒ Addition
NAME **SMITH, HOWARD**
STREET ADDRESS **6619 KRYCAL AVE.**
CITY-ST-ZIP **RIEVIEW, FL 33569**

TITLE **D** ☐ Delete
NAME **SMITH, WILLARD**
STREET ADDRESS **6302 OHIO ST**
CITY-ST-ZIP **GIBSONTON, FL 33534**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Marlene Hall **MARLENE HALL**

2/17/2007 (813) 645-6985

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #