2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33040

FILED Apr 09, 2009 Secretary of State

Entity Name: HILLVIEW PARK MEDICAL COMPLEX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
040 GRA 245	ND BAY			
	AT KEY, FL 34:	228		
urrent N	lailing Addres	s:	New Mailing Address	s:
6 N WAS	SHINGTON BLV	/D		
	TA, FL 34236			
El Number	: 65-0143251	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and Address o	of New Registered Agent:
	PORATE SER\ SHINGTON BL\			
	TA, FL 34236 U	JS		
he above	,		purpose of changing its registered	d office or registered agent, or both,
ARASOT	e named entity s e of Florida.		purpose of changing its registered	d office or registered agent, or both,
ARASOT he above the State	e named entity s e of Florida. RE:			d office or registered agent, or both, Date
ARASOT the above the State	e named entity s e of Florida. RE:	submits this statement for the	ent	
he above the State IGNATUI PFFICER tte: ame: ddress: ity-St-Zip: tte:	e named entity se of Florida. RE: Electron S AND DIREC DPST () HOWARD, FRE 3040 GRAND B LONGBOAT KE	ic Signature of Registered Ag TORS: Delete D AY #245 Y, FL 34228 Delete	ent ADDITIONS/CHANGE Title: Name: Address: City-St-Zip: Title:	Date
ARASOT he above the State IGNATUI PFFICER ttle: ame: ddress: ity-St-Zip:	e named entity se of Florida. RE: Electron S AND DIREC DPST () HOWARD, FRE 3040 GRAND B LONGBOAT KE	ic Signature of Registered Ag TORS: Delete D AY #245 Y, FL 34228 Delete S AY #245	ent ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition

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: FRED HOWARD P 04/09/2009