

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36106

FILED
Apr 26, 2007
Secretary of State

Entity Name: HILLCREST COUNTRY CLUB CONDOMINIUM NO. 10 ASSOCIATION, INC.

Current Principal Place of Business:

981 S. HILLCREST CT.
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

981 S. HILLCREST CT.
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number: 65-0233016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACALEINE, PATRICIA
981 S HILLCREST CT
BLDG 10 APT 108
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

MACALPINE, PATRICIA
981 S HILLCREST CT
BLDG 10 APT 109
HOLLYWOOD, FL 33021 US

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: PATRICIA MACALPINE

04/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACALPINE, PATRICIA
Address: 981 HILLCREST CT SUITE 109
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: LAURENCO, WALDO
Address: 981 HILLCREST CT SUITE 302
City-St-Zip: HOLLYWOOD, FL 33021

Title: T () Delete
Name: CHARBONEAU, LINDA
Address: 981 HILLCREST CT SUITE 214
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: DELUCA, PATRICIA
Address: 981 HILLCREST CT SUITE 315
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: JOSEPH, ESTELLE
Address: 981 HILLCREST CT SUITE 211
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: PATRICIA MACALPINE

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date