

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36596

FILED  
Jan 13, 2009  
Secretary of State

**Entity Name:** HILLCREST COURT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2836 INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

913 HILLCREST COURT  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

913 HILLCREST COURT  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-3063238      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEPHENS, SHERRY M  
913 HILLCREST COURT  
TALLAHASSEE, FL 32308 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: DP ( ) Delete  
Name: BARTON, DENNIS  
Address: 924 HILLCREST CT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT ( ) Delete  
Name: STEPHENS, SHERRY M  
Address: 913 HILLCREST CT  
City-St-Zip: TALLHASSEE, FL

Title: VP ( ) Delete  
Name: WACKSMAN, JAMES  
Address: 900 HILLCREST CT  
City-St-Zip: TALLAHASSEE, FL 32308

**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: SHERRY M. STEPHENS

DT

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date