2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N41585

Entity Name: HILLCREST CONDOMINIUM NO. 5, INC.

Current Principal Place of Business:

1100 SOUTH HILLCREST COURT
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1100 SOUTH HILLCREST COURT
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0261068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANKERSON, THOMASENA
1100 S HILLCREST CT
APT 311
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: T ( ) Delete
Name: RUGLIO, MICHAEL
Address: 1100 HILLCREST CT 106
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete
Name: PIERCEY, HAROLD
Address: 1100 HILLCREST CT 105
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: SCARBROUGH, ELEANOR
Address: 1100 HILLCREST CT., 208
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete
Name: HANKERSON, THOMASENA
Address: 1100 HILLCREST CT., 311
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete
Name: LORENZO, OLGA
Address: 1100 HILLCREST CT 305
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RUGLIO, MICHAEL
Address: 1100 HILLCREST CT 106
City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change ( ) Addition
Name: HANKERSON, THOMASENA
Address: 1100 HILLCREST CT., 311
City-St-Zip: HOLLYWOOD, FL 33021

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: THOMASENA HANKERSON PRES 02/12/2009

Electronic Signature of Signing Officer or Director — Date