

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43322					
1. Corporation Name HILLO PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1369 E TENNESSEE ST TALLAHASSEE FL 32308 US			Mailing Address 1369 E TENNESSEE ST TALLAHASSEE FL 32308 US		

FILED

99 APR - 6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 21 2135 Glenridge Drive Suite, Apt. #, etc.		2a. Mailing Address 26 2135 Glenridge Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/09/1991	
22 City & State 23 Tallahassee FL		27 City & State 28 Tallahassee FL		4. FEI Number 59-3176310 Applied For ☐ Not Applicable	
24 32308 25 USA		29 32308 30 USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FERRELL, CARL E. 1369 E TENNESSEE ST TALLAHASSEE FL 32308				10. Name and Address of New Registered Agent 81 Name George R. Penick III 82 Street Address (P.O. Box Number is Not Acceptable) 2135 Glenridge Drive 83 84 City Tallahassee FL 85 Zip Code 32308	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *George R. Penick III*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/1999**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	D	☐ Change ☒ Addition	
NAME	FERRELL, CARL E.			1.2 NAME	George R. Penick III		
STREET ADDRESS	955 OLD FARM ROAD			1.3 STREET ADDRESS	2135 Glenridge Dr		
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	D	☒ DELETE		2.1 TITLE	D	☐ Change ☒ Addition	
NAME	HAYWARD, TOM R.			2.2 NAME	Patricia E. Penick		
STREET ADDRESS	3776 TOM JOHN LANE			2.3 STREET ADDRESS	2135 Glenridge Dr		
CITY-ST-ZIP	TALLAHASSEE FL			2.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	D	☒ DELETE		3.1 TITLE	D	☐ Change ☒ Addition	
NAME	FERRELL, PATRICIA ANNE			3.2 NAME	Karl Roberts		
STREET ADDRESS	2158 CUMBERLAND PARKWAY, STE 6201			3.3 STREET ADDRESS	730 Hilo Way		
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George R. Penick III* DATE: **4/21/1999** DAYTIME PHONE: **488-2415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0008199

CR2E037 (11/98)