2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43322

1. Entity Name
HILO PROPERTY OWNERS ASSOCIATION, INC.

FILED
04 JAN -9 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2135 GLENNRIDGE DRIVE TALLAHASSEE, FL 32308 US	2135 GLENNRIDGE DRIVE TALLAHASSEE, FL 32308 US

01052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3176310
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PENICK, GEORGE R III
2135 GLENNRIDGE DRIVE
TALLAHASSEE, FL 32308

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George Penick 1-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENICK, GEORGE R III
STREET ADDRESS	2135 GLENNRIDGE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	PENICK, PATRICIA E
STREET ADDRESS	2135 GLENNRIDGE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	CAIN, RONNIE
STREET ADDRESS	2132 OLIVIA DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TS
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04--01033--004 **61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Penick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #