

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 03, 2011
Secretary of State

DOCUMENT# N44520

Entity Name: HILLTOP ESTATES HOMEOWNER ASSOCIATION, INC.**Current Principal Place of Business:**16690 SE 96TH AVE
SUMMERFIELD, FL 34491 US**New Principal Place of Business:****Current Mailing Address:**16690 SE 96TH AVE
SUMMERFIELD, FL 34491 US**New Mailing Address:****FEI Number:** 59-3135489**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BREWBAKER, JOHN E
16569 S.E. 96TH AVE.
SUMMERFIELD, FL 34491 US**Name and Address of New Registered Agent:**SLIMP, ALVIN K SR
16690 S.E. 96TH AVE.
SUMMERFIELD, FL 34491 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: ALVIN K SLIMP SR

12/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SLIMP, ALVIN K SR
Address: 9671 SE 167TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: STD
Name: TIMM, PATRICIA K
Address: 16664 SE 97TH CT
City-St-Zip: SUMMERFIELD, FL 34491

Title: D
Name: BALTRUSCH, FRED
Address: 9608 SE 167TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: D
Name: KANALEY, JULIA
Address: 9672 SE 167TH PL
City-St-Zip: SUMMERFIELD, FL 34491

Title: D
Name: FAULKNER, GORDON
Address: 9615 SE 167TH PL
City-St-Zip: SUMMERFIELD, FL 34491

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA K TIMM

STD

12/03/2011

Electronic Signature of Signing Officer or Director

Date