Hills Maintenance Association, Inc.

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 *5,818.75
N92000000399

DOCUMENT # N92000000399

1. Entity Name
HILLS MAINTENANCE ASSOCIATION, INC.

FILED
08 APR 29 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66007093

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CASTLE MANAGEMENT<br>12270 SW 3RD STREET<br>PLANTATION, FL 33325 US | C/O CASTLE MANAGEMENT<br>P.O. BOX 559009<br>PLANTATION, FL 33325 US |

02132008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | C/O CASTLE GROUP |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>P.O. BOX 559009 |
| City & State | City & State<br>FORT LAUDERDALE, FL |
| Zip / Country | Zip / Country<br>33355 |

4. FEI Number
65-0391119
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BAKALAR& EICHNER, P.A.<br>WESTSIDE CORPORATE CENTER<br>150 SOUTH PINE ISLAND RD, SUITE 54<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____
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, 2008**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>LEVY, DEBI<br>3236 HUNTINGTON<br>WESTON, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>(CORRECT ADDRESS ONLY)<br>WESTON, FL 33332 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DENOWITZ, ALFRED<br>2656 EDGEWATER DRIVE<br>WESTON, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>(CORRECT ADDRESS ONLY)<br>WESTON, FL 33332 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EISEMAN, PAUL<br>3067 LAKEWOOD CIRCLE<br>WESTON, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>(CORRECT ADDRESS ONLY)<br>WESTON, FL 33332 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABELSON, DIANE<br>2761 OAK BROOK MANOR<br>FORT LAUDERDALE, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>(CORRECT ADDRESS ONLY)<br>WESTON, FL 33332 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WEINER, LEE<br>2673 OAKBROOK COURT<br>WESTON, FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>(CORRECT ADDRESS ONLY)<br>WESTON, FL 33332 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DE BASTOS, DAVID<br>2685 MEADOWOOD COURT<br>WESTON, FL 33332 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>LITTLE, LAURIE<br>2613 OAKBROOK COURT<br>WESTON, FL 33332 |

$3 4/25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Deborah Levy 3/25/08 954-389-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #