

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90009 050 ****61.25

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DOCUMENT # N93000001450 1. Entity Name HILLCREST COUNTRY CLUB NO. 17 CONDOMINIUM, INC.			
Principal Place of Business 4700 WASHINGTON STREET APT 102 HOLLYWOOD, FL 33021		Mailing Address 4700 WASHINGTON STREET APT 102 HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 4700 Washington Street Suite, Apt. #, etc. Mail Box Building 17 City & State HOLLYWOOD FL. Zip 33021 Country USA		3. Mailing Address 4700 Washington Street Suite, Apt. #, etc. Mail Box Building 17 City & State HOLLYWOOD FL Zip 33021 Country USA	
4. FEI Number 65-0435449		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03022007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SPRATT, KATHY 4700 WASHINGTON STREET APT 506 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <i>Kathy Spratt</i> KATHY S. SPRATT <small>Signature, typed or printed name of registered agent and title if applicable</small>		PRES 3/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE P NAME SPRATT, KATHY STREET ADDRESS 4700 WASHINGTON ST CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME MELOTTO, NICK STREET ADDRESS 4700 WASHINGTON ST. CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE D NAME CLOUTIER DONAT STREET ADDRESS 4700 WASHINGTON APT. 304 CITY-ST-ZIP HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME FUNT, FLORENCE STREET ADDRESS 4700 WASHINGTON ST CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE D NAME BACHAND JACQUELINE STREET ADDRESS 4700 WASHINGTON ST. APT. 311 CITY-ST-ZIP HOLLYWOOD FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME GOULET, COLETTE STREET ADDRESS 4700 WASHINGTON STREET CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE VP NAME FRANKEL HARA STREET ADDRESS 4700 WASHINGTON ST. CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CHAPEL, MARA STREET ADDRESS 4700 WASHINGTON ST CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE TD NAME GOULET Colette STREET ADDRESS 4700 WASHINGTON ST. APT. 504 CITY-ST-ZIP HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LA BRIE, JEANNOT STREET ADDRESS 4700 WASHINGTON STREET CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathy Spratt</i> KATHY S. SPRATT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRES. 3/5/07 954-962-7021 <small>Date Daytime Phone #</small>	