

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 21, 2010
Secretary of State

Entity Name: HILLCREST COUNTRY CLUB NO. 17 CONDOMINIUM, INC.

Current Principal Place of Business:

4700 WASHINGTON STREET
MAIL BOX BUILDING 17
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

4700 WASHINGTON STREET
MAIL BOX BUILDING 17
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0435449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOBIN PROPERTIES, INC
1101 BEN TOBIN DRIVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SPRATT, KATHY
Address: 4700 WASHINGTON ST 506
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP
Name: GAGNE, MICHEL
Address: 4700 WASHINGTON APT 411
City-St-Zip: HOLLYWOOD, FL 33021

Title: S
Name: LA LONDE, JO ANN M
Address: 4700 WASHINGTON ST 501
City-St-Zip: HOLLYWOOD, FL 33021

Title: T
Name: CHAPEL, MARA
Address: 4700 WASHINGTON STREET 108
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: BACHAND, JACQUELINE
Address: 4700 WASHINGTON ST 311
City-St-Zip: HOLLYWOOD, FL 33021

Title: D
Name: GOULET, COLETTE
Address: 4700 WASHINGTON STREET 504
City-St-Zip: HOLLYWOOD, FL 33021

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: NATASHA FALCONI

CFO

04/21/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date