

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002905

FILED
Jan 20, 2009
Secretary of State

Entity Name: HILLMOOR PROFESSIONAL CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

400 S. US HIGHWAY ONE
SUITE #4
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

400 S. US HIGHWAY ONE
SUITE #4
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-0444135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLIFER, RICHARD
400 S. US HIGHWAY ONE
SUITE #4
JUPITER, FL 33477 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: PD () Delete
Name: CULLIFER, RICHARD H
Address: 400 S. US HIGHWAY ONE, SUITE #4
City-St-Zip: JUPITER, FL 33477 US

Title: VD () Delete
Name: FLORES, GERARD Q M.D.
Address: 118 N. NARANJA AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD H. CULLIFER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date