

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90037 029 ****61.25

DOCUMENT # N95000001262

1. Entity Name

HILDRETH CROSSING OWNERS' ASSOCIATION, INC.



Principal Place of Business

7768 SPRING BRANCH DR S
JACKSONVILLE FL 32221

Mailing Address

7768 SPRING BRANCH DR S
JACKSONVILLE FL 32221

2. Principal Place of Business

27444 27th Place
Suite, Apt. #, etc.

3. Mailing Address

27444 27th Place
Suite, Apt. #, etc.

City & State

Branford FL

City & State

Branford FL

Zip

32008

Country

USA

Zip

32008

Country

USA

6. Name and Address of Current Registered Agent

SORRELLS, DARLYNN V. ---
7768 SPRING BRANCH DR S
JACKSONVILLE FL 32221

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD
NAME HELTON, PAUL A
STREET ADDRESS 10201 W BEAVER STREET, #315
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE VPD
NAME DONAHUE, CHARLES E
STREET ADDRESS 10201 W BEAVER STREET, #315
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE STD
NAME SORRELLS, DARLYNN V.
STREET ADDRESS 7768 SPRING BRANCH DR S
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Darby Bond*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

Date

Daytime Phone #