2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N95000005212

Entity Name: HILL TOP HERITAGE DEVELOPMENT, INC.

Current Principal Place of Business:

2774 BURROUGHS RD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1349
MIDDLEBURG, FL 32050

New Mailing Address:

FEI Number: 59-3353633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, MAUDE B
2774 BURROUGHS RD
MIDDLEBURG, FL 32068 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:	D/D	( ) Delete
Name:	JACKSON, MAUDE B	
Address:	2774 BURROUGHS RD	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	VP	( ) Delete
Name:	OLIVER, MAMIE	
Address:	PO BOX 327, FOREMAN CIR	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	S/D	( ) Delete
Name:	TUGGLAS, CATHERINE	
Address:	PO BOX 344, 2768 BURROUGHS RD	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	AS	( ) Delete
Name:	DUNLAP, SARA	
Address:	3819 MAIN ST.	
City-St-Zip:	MIDDLEBURG, FL 32050	
Title:	T	( ) Delete
Name:	WEEKS, SARAH	
Address:	PO BOX 32, 2740 BURROUGHS RD	
City-St-Zip:	MIDDLEBURG, FL 32050	
Title:	P/D	( ) Delete
Name:	STEWART, ROBERT L	
Address:	2767 FORMAN CIRCLE	
City-St-Zip:	MIDDLEBURG, FL 32068	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: MAUDE B. JACKSON D/D 04/28/2006

Electronic Signature of Signing Officer or Director — Date