

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90040 012 ****61.25

DOCUMENT # N96000002301

1. Entity Name

HILLTOP VILLAGE RESIDENT ASSOCIATION, INC.

Principal Place of Business

1646 W. 45TH ST.
JACKSONVILLE FL 32208

Mailing Address

126 W. ADAMS STREET
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3400908

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CENTER, BETTY
126 W. ADAMS STREET
JACKSONVILLE FL 32202

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **LANG, RHONDA**
STREET ADDRESS **1646 W 45TH ST. APT. 340**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **VD** ☐ Delete
NAME **DILLARD, NELLIE**
STREET ADDRESS **1646 W. 45TH ST., APT. 204**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☒ Delete
NAME **TAYLOR, GLORIA**
STREET ADDRESS **1646 W. 45TH ST., APT 323**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **SD** ☒ Delete
NAME **BOGER, VERONICA**
STREET ADDRESS **1646 W. 45TH ST., APT. 176**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **TD** ☒ Delete
NAME **HATCHER, GAIL**
STREET ADDRESS **1646 W. 45TH ST., APT 330**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **MATTHEWS, ELIZABETH**
STREET ADDRESS **1646 W 45 ST., APT. 175 BLDG M**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **TD** ☐ Change ☒ Addition
NAME **Glenda Herndon**
STREET ADDRESS **1646 W. 45th St. Apt. 215**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **D** ☐ Change ☒ Addition
NAME **Natalie Russ**
STREET ADDRESS **1646 W. 45th St. Apt. 327**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **P** ☐ Change ☒ Addition
NAME **Michelle Mincey**
STREET ADDRESS **1646 W. 45th Street Apt. 232**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

TITLE **SP** ☐ Change ☒ Addition
NAME **GAIL Franklin**
STREET ADDRESS **1646 W. 45th Street Apt. 263**
CITY-ST-ZIP **JACKSONVILLE, FL 32208**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)