

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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



REINSTATEMENT 06-07
100082104021 CR2E099 (11/05)

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

MILLER, CAROL S
126 W. ADAMS STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100082104021

02/05/07--01003--018 **61.25

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

Carol Miller

1/8/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNDON, GLENDA ☐ Delete
STREET ADDRESS 1646 W. 45TH STREET #215
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE S
NAME MAPP, MELISSA ☒ Delete
STREET ADDRESS 1646 W 45TH ST, # 176
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D
NAME LANG, RHONDA ☐ Delete
STREET ADDRESS 1646 W. 45TH STREET, 3108
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE D
NAME RUSS, NATALIE ☐ Delete
STREET ADDRESS 1646 W 45TH ST, APT 327
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE TD
NAME JACKSON, SENTOVIA ☐ Delete
STREET ADDRESS 1646 W. 45TH STREET, #173
CITY-ST-ZIP JACKSONVILLE, FL 32208

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 100082104021
STREET ADDRESS 11/29/06--01048--001 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ERICA JONES
STREET ADDRESS 1646 W 45TH ST, #106
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE ☐ Change ☐ Addition
NAME 600087203146
STREET ADDRESS 02/05/07--01003--017 **175.00
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME TD JACKSON, SENTOVIA
STREET ADDRESS 1646 W 45TH ST, #178
CITY-ST-ZIP JACKSONVILLE, FL 32208

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 exemptions contained 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 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:

Glenda Herndon Glenda Herndon

10/30/06

(904) 924.1243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #