

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002301

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** HILLTOP VILLAGE RESIDENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1646 W. 45TH ST.  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

1646 W 45TH  
APT 215 C  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 59-3400908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, CAROL S  
126 W. ADAMS STREET  
JACKSONVILLE, FL 32202 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  
Name: HERNDON, GLENDA  
Address: 1646 W. 45TH STREET #215  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D  
Name: JONES, ERICA  
Address: 1646 W 45TH ST, #106  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D  
Name: JANICE, LIVINGSTON  
Address: 1646 W. 45TH STREE # 121  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D  
Name: JANICE, DYE  
Address: 1646 W 45TH ST, APT # 233  
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD  
Name: BROWN, ANTOINETT  
Address: 1646 W. 45TH STREET #219  
City-St-Zip: JACKSONVILLE, FL 32208

Title: D  
Name: RICHARDSON, JANICE  
Address: 1646 W 45 ST., APT. #148  
City-St-Zip: JACKSONVILLE, FL 32208

I hereby 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 all other like empowered.

SIGNATURE: GLENDA HERNDON

PD

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date