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Secretary of State
08-01-2003 90062 007 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002301

1. Entity Name
HILLTOP VILLAGE RESIDENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1646 W. 45TH ST. JACKSONVILLE, FL 32208	126 W. ADAMS STREET JACKSONVILLE, FL 32202

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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: Carol S. Miller Street Address (P.O. Box Number is Not Acceptable): 126 W Adams St City: Jacksonville FL Zip Code: 32202

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 S Miller 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, RHONDA 1646 W 45TH ST. APT. 340 JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Claudia M. Smith 1646 W. 45th ST #130 Jacksonville Fla 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DILLARD, NELLIE 1646 W. 45TH ST., APT. 204 JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Shannon Mapp 1646 W. 45th Street # 131 Jacksonville, Florida 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HERNDON, GLENDA 1646 W 45TH ST, APT 215 JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition Sentoria Jackson 1646 W. 45th Street # 178 Jacksonville Florida 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSS, NATALIE 1646 W 45TH ST, APT 327 JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Tara Flagg 1646 W 45th Street # 205 Jacksonville, Florida 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MINCEY, MICHELLE 1646 W 45TH STREET, APT 232 JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Tabatha Roberts 1646 W. 45th Street #341 Jacksonville Florida 32208
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, ELIZABETH 1646 W 45 ST., APT. 175 BLDG M JACKSONVILLE, FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Ashaki Thompson 1646 W. 45th Street #257 Jacksonville Florida 32208

CR2E037 (10/02)

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: Glenda D Herndon 7/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #