

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004698

FILED
Apr 02, 2009
Secretary of State

Entity Name: HILLMOOR PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1801 SE HILLMOOR DRIVE #A106
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

PO BOX 880038
PORT SAINT LUCIE, FL 349880038 US

New Mailing Address:

FEI Number: 65-0709876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, DEBORAH L
759 S. FEDERAL HWY, #212
STUART, FL 34994 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 () Delete
Name: STRAUSS, SORRELL I D.M.D.
Address: 1801 SE HILLMOOR DRIVE #A106
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD () Delete
Name: LANZA, JOHN
Address: 1801 SE HILLMORE DR, #B105
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD () Delete
Name: GOEBEL, GERALD
Address: 1801 SE HILLMOOR DR #C210
City-St-Zip: PORT SAINT LUCIE, FL 34952

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:

I hereby certify that the information supplied with this filing does not qualify 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: SORRELL I. STRAUSS

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date