FILE NOW: FILING FEE IS \$61.25

NONPROFIT ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N97000000226 (7) DOCUMENT #

FILED

98 JUN 12 AM 1: 20

SECTION OF STATE

HILLSGATE NEIGHBORHOOD ASSOCIATION, INC. Principal Place of Business Mailing Address						
1755 HILLSGAT TALLAHASSEE			1755 HILLSGATE COURT TALLAHASSEE FL 32308			Date Incorporated or Qualified 01/15/1997
						4. FEI Number 59 - 3 44 67 44 Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address 21			988	·		Certificate of Status Desired \$8.75 Additional Fee Regulared
Suite, Apt.	#, etc.	Suite, Apt. #, (Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State	h			7. Is this nonprofit corporation a homeowners association? Yes No
Zip 24	Country 25	Zip 29	30	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
SIMMONS, ROSALIE 1755 HILLSGATE COURT				82	Street Addre	ress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32308				83		-06/16/98- <u>-</u> 01061003
				24	Oite	*****E1.25
.				84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617:0502 and 617:1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617:0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agout and title if applicable (NOTE: Registered Agont signature required when reinstating) DATE						
12,		ND DIRECTORS	13.	a Age	ii. signalore redore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		- Dri	.ETE 1.1 TO	TLE		Change Addition
NAME	SIMMONS, ROSALIE	Director DEL	1.2 N/	AME		
STREET ADDRESS	1755 HILLSGATE COURT			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
CITY-ST-ZIP						
TITLE	VP (1):	we a for DEL	.ETE 2.1 TI	TLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS 1704 HILLSGATE COURT			2.3 \$1	2.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP TALLAHASSEE FL 32308				2. 4 CITY-ST-ZIP		
TITLE	8	DEL	ETE 3.1 Tr	TLE		☐ Change ☐ Addition
NAME		Directur)	3.2 N/	AME		
STREET ADDRESS				REET .	ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	* 🗆 🕟		ITY-S	T-ZIP	Change Addition
TITLE	DEMINEST LOUISE L	Trector) DEL				☐ Change ☐ Addition
NAME	BENNETT, LOUISE J (*		4. 2 N			
STREET ADDRESS	1707 CENTERVILLE ROAD TALLAHASSEE FL 32308				ADDRESS	
CITY-ST-ZIP	TALLATIASSEE PL 32300	DEI		TLE	1 - ZIP	Change Addition
TITLE		DEI	5.2 N			1 110
NAME CTUTCT ADDOCCO					ADDRESS	ac 10111
STREET ADDRESS				INCE 1 TY-\$1	l l	4/10
CITY-ST-ZIP TITLE		DEI	ETE 61 Ti		1 417	☐ Change ☐ Addition
NAME		Limit St.	62 N			· _ · _
STREET ADDRESS			8		ADDRESS	
City-ST-ZiP				6.4 CITY-ST-ZIP		
						Out 140 OT(0)() Fig. 14. Out the 14 of the specific fleet the 14fe continue

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.