

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000226

1. Entity Name
HILLSGATE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
1755 HILLSGATE COURT
TALLAHASSEE, FL 32308

Mailing Address
1755 HILLSGATE COURT
TALLAHASSEE, FL 32308

FILED
05 APR 12 AM 8:09

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3440744

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

SIMMONS, ROSALIE
1755 HILLSGATE COURT
TALLAHASSEE, FL 32308

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

TITLE PD
NAME SIMMONS, ROSALIE
STREET ADDRESS 1755 HILLSGATE COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE VPD
NAME WILLIAMS, FRANK W
STREET ADDRESS 1704 HILLSGATE COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE SD
NAME TUCKER, ROSA M
STREET ADDRESS 1730 HILLSGATE COURT
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE TD
NAME BENNETT, LOUISE J
STREET ADDRESS 1707 CENTERVILLE ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000054012450
05/06/05--01059--018 **\$61.25

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

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

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

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

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

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:

Rosalie Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05
Date

Daytime Phone #