

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # *N97000000226*

1. Entity Name  
*Hillsgate Neighborhood Association, Inc.*



FILED

07 APR 30 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business *1755*

*Hillsgate Court*

Suite, Apt. #, etc.

3. Mailing Address

*1755 Hillsgate Court*

Suite, Apt. #, etc.

*Tallahassee, FL 32308*

City & State

City & State

*Tallahassee, FL 32308*

Zip

Country

Zip

Country

4. FEI Number

*59-3440744*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E037B (8/05)

07

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Rosalie Simmons*

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

*1755 Hillsgate Court*

City

*Tallahassee, FL*

FL

Zip Code

*32308*

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

*Rosalie Simmons*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**800102237928**  
05/14/07--01009--020 \*\*61.25

**FEE IS \$61.25**  
Initial or Amended AR

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Simmons, Rosalie PD*  
*1755 Hillsgate Court*  
*Tallahassee FL 32308*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Williams, Frank VPD*  
*1704 Hillsgate Court*  
*Tallahassee FL 32308*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Tucker, Rose M SD*  
*1730 Hillsgate Court*  
*Tallahassee FL 32308*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*Bennett, Louise J TD*  
*1707 Centerville Road*  
*Tallahassee, FL 32308*

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Rosalie Simmons*

4-30-07