


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90140 035 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N97000004851</b>   |  |
| 1. Entity Name<br><b>HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2450 N CITRUS HILLS BLVD.<br/>HERNANDO, FL 34442</b> | Mailing Address<br><b>2450 N CITRUS HILLS BLVD.<br/>HERNANDO, FL 34442</b> |
|--|--|

**50003366**

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>2541 N Reston Terrace</b> | 3. Mailing Address<br><b>2541 N Reston Terrace</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| City & State<br><b>Hernando, FL</b> | City & State<br><b>Hernando, FL</b> |
| Zip<br><b>34442</b>                 | Zip<br><b>34442</b>                 |
| Country                             | Country                             |



03022006 Chg-NP CR2E037 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3468199</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>TRINGALI, MICHAEL J<br/>2450 N. CITRUS HILLS BLVD.<br/>HERNANDO, FL 34442</b> | 7. Name and Address of New Registered Agent<br>Name <b>Cabana &amp; Co Inc</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2541 N Reston Terrace</b><br>City <b>Hernando</b> FL Zip Code <b>34442</b> |
|---|---|

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 *Michael J. Tringali* DATE 3/2/06

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br><b>VPO PD (Chang)</b>             | <input type="checkbox"/> Delete            | TITLE<br><b>VPO</b>                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>NICHOLS, BILL</b>               |  | NAME<br><b>Ed Anderson</b>                            |  |
| STREET ADDRESS<br><b>1947 N. GIBSON PT</b> |  | STREET ADDRESS<br><b>125W Doerr Path</b>              |  |
| CITY-ST-ZIP<br><b>HERNANDO, FL 34442</b>   |  | CITY-ST-ZIP<br><b>Hernando FL 34442</b>               |  |
| TITLE<br><b>PD</b>                         | <input checked="" type="checkbox"/> Delete | TITLE<br><b>SD</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>HNAT, ROBERT</b>                |  | NAME<br><b>Linda Guy</b>                              |  |
| STREET ADDRESS<br><b>534 W DOERR PATH</b>  |  | STREET ADDRESS<br><b>114W Doerr Path</b>              |  |
| CITY-ST-ZIP<br><b>HERNANDO, FL 34442</b>   |  | CITY-ST-ZIP<br><b>Hernando FL 34442</b>               |  |
| TITLE<br><b>TD</b>                         | <input checked="" type="checkbox"/> Delete | TITLE<br><b>ID</b>                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>ROSEN, RICHARD J</b>            |  | NAME<br><b>Bill Dittmore</b>                          |  |
| STREET ADDRESS<br><b>283 W. DOERR PATH</b> |  | STREET ADDRESS<br><b>197N Gibson Pt</b>               |  |
| CITY-ST-ZIP<br><b>HERNANDO, FL 34442</b>   |  | CITY-ST-ZIP<br><b>Hernando FL 34442</b>               |  |
| TITLE<br><b>D</b>                          | <input checked="" type="checkbox"/> Delete | TITLE<br><b>ACB</b>                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>VOELKER, ED</b>                 |  | NAME<br><b>Howie Beressi</b>                          |  |
| STREET ADDRESS<br><b>306 W. DOERR PATH</b> |  | STREET ADDRESS<br><b>197N Gibson Pt</b>               |  |
| CITY-ST-ZIP<br><b>HERNANDO, FL 34442</b>   |  | CITY-ST-ZIP<br><b>Hernando FL 34442</b>               |  |
| TITLE<br><b>SD</b>                         | <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>SUMMERS, DALE</b>               |  | NAME  |  |
| STREET ADDRESS<br><b>649 W. DOERR PATH</b> |  | STREET ADDRESS  |  |
| CITY-ST-ZIP<br><b>HERNANDO, FL 34442</b>   |  | CITY-ST-ZIP   |  |
| TITLE                                      | <input type="checkbox"/> Delete:           | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                       |  | NAME  |  |
| STREET ADDRESS                             |  | STREET ADDRESS  |  |
| CITY-ST-ZIP                                |  | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employees.

SIGNATURE: *William A. Dittmore* DATE 3/14/2006 DAYTIME PHONE # 352-746-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR