


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90034 049 ****61.25

DOCUMENT # N97000004851 1. Entity Name HILLSIDE VILLAS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 2541 N RESTON TERR HERNANDO, FL 34442			Mailing Address 2541 N RESTON TERR HERNANDO, FL 34442		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3468199	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
6. Name and Address of Current Registered Agent FRINGALI, MICHAEL J 2541 N RESTON TERR HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name Cabana & Company Inc 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 <u><i>Michael J Fringali</i></u> Cabana & Co Inc 3/29/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICHOLS, BILL <input checked="" type="checkbox"/> Delete 1947 N. GIBSON PT HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Norma Stern 33 W Doerr Path Hernando FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO <input checked="" type="checkbox"/> Delete GUY, LINDA 716 W DOERR PATH HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Bechler 346 W Doerr Path Hernando FL 34442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete DITTMORE, BILL 1972 N GIBSON HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACB <input checked="" type="checkbox"/> Delete BERESSI, HOWIE 1901 N GIBSON PL HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete ANDERSON, ED 725 W DOERR PATH HERNANDO, FL 34442		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Wyatt - ACB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 505 W Doerr Path HERNANDO, FL 34442	
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 empowered.					
SIGNATURE: <u><i>Ed Anderson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/30/07 <small>Date</small>		
<small>Daytime Phone #</small>					

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