2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 08:00 AM Secretary of State

1. Entity Name

HILLBROOK TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

884 HILLBROOK CT SHALIMAR, FL 32579 Mailing Address

884 HILLBROOK CT SHALIMAR, FL 32579 US



DO NOT WRITE IN THIS SPACE

03222006 No Chg-NP

CR2E037 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RUSSELL E 884 HILLBROOK CT. SHALIMAR, FL 32579				IN THIS SPACE				
	named entity submits this statement for tions of registered agent	r the purpose of chang	ging its registered office	OL 16	egistered agent, or bot	h, in the Sta	te of Florida. I am familia	ir with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered				Agent signature required when reinitiality) DATE				
	Filing Fee is \$61.25 Due by May 1, 2006		Campaign Financing of Contribution.]	\$5.00 May Be Added to Fees			
10. IITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DPT SNYDER, JOSALYN 682 HILLBROOK CT SHALIMAR, FL 32579 DVS DOMINICK, REBECCA 680 HILLBROOK CT. SHALIMAR, FL 32579 D DAVIS, RUSSELL	DIRECTORS				104/1	00000482361 1706-80071-0	21 61.25
STREET ADDRESS CITY-ST-179 TIBLE NAME STREET ADDRESS CITY-ST-279 TITLE RAME STREET ADDRESS	B84 HILLBROOK CT SHALIMAR, FL 32579 D HARVELL, RICHARD 886 HILLBROOK CT SHALIMAR, FL 32579	-		DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP TITLE NAME						. –	_	

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 139. 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:

STREET ADDRESS CITY-ST-ZIP