

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N98000005772

1. Entity Name
HILLBROOK TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
884 HILLBROOK CT
SHALIMAR, FL 32579 US

Mailing Address
884 HILLBROOK CT
SHALIMAR, FL 32579 US



03202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000872511
04/10/08-80040-019 61.25

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME SNYDER, JOSALYN
STREET ADDRESS 882 HILLBROOK CT
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE DVS
NAME MARTINEZ, MANUEL P
STREET ADDRESS 880 HILLBROOK CT
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D
NAME DAVIS, RUSSELL
STREET ADDRESS 884 HILLBROOK CT
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE D
NAME HARVELL, RICHARD
STREET ADDRESS 886 HILLBROOK CT
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Russell E. Davis Russell E. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2008

Date

(850) 609-6845

Daytime Phone #