

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003056

1. Entity Name
HILLCREST PUD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**200 JOHN KNOX RD.
TALLAHASSEE, FL 32303**

Mailing Address
**200 JOHN KNOX RD.
TALLAHASSEE, FL 32303**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3749352	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHITTENDEN, GAIL S
200 JOHN KNOX RD.
TALLAHASSEE, FL 32303**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000055683
02/18/04-80014-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILES, JAMES A 200 JOHN KNOX RD. TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHITTENDEN, GAIL 200 JOHN KNOX RD. TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, LARRY S 200 JOHN KNOX RD. TALLAHASSEE, FL 32303
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Gail Chittenden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-04 942 5557

Date Daytime Phone #

GAIL CHITTENDEN