

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 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 |



02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STILES, JAMES A 200 JOHN KNOX RD. TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHITTENDEN, GAIL 200 JOHN KNOX RD. TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLFE, LARRY S 200 JOHN KNOX RD. TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000222809
02/10/05-80017-003 211.25

**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)(i), 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 S. Chittenden* **GAIL S. CHITTENDEN** 2-7-05 8509425587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #