

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
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**



03312008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3749352

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 *Gail S. Chittenden*

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**

U00000901277
04/29/08-80063-004 61.25

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STILES, JAMES A**
STREET ADDRESS **200 JOHN KNOX RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D**
NAME **CHITTENDEN, GAIL**
STREET ADDRESS **200 JOHN KNOX RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D**
NAME **WOLFE, LARRY S**
STREET ADDRESS **200 JOHN KNOX RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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: *Gail S. Chittenden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-08
Date

Daytime Phone #