

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000003056

**FILED**  
**Nov 16, 2011**  
**Secretary of State**

**Entity Name:** HILLCREST PUD PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

200 JOHN KNOX RD.  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

664 CAPITAL CIR NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

200 JOHN KNOX RD.  
TALLAHASSEE, FL 32303

**New Mailing Address:**

664 CAPITAL CIR NE  
TALLAHASSEE, FL 32301

**FEI Number:** 59-3749352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CHITTENDEN, GAIL S  
664 CAPITAL CIR NE  
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: GAIL CHITTENDEN

11/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STILES, JAMES A  
Address: 200 JOHN KNOX RD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: CHITTENDEN, GAIL  
Address: 664 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D  
Name: WOLFE, LARRY S  
Address: 1407 E CALL  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL CHITTENDEN

D

11/16/2011

Electronic Signature of Signing Officer or Director

Date