

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90007 046 \*\*\*150.00

**DOCUMENT # P03000062871**

1. Entity Name  
**SPECIALTY ASSET ADVISORS, INC.**



40051623



03052008 Chg-P CR2E034 (12/06)

Principal Place of Business  
**4400 PGA BOULEVARD  
SUITE 900  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**4400 PGA BOULEVARD  
SUITE 900  
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business - No P.O. Box #  
**175 Isle Verde Way**

3. Mailing Address  
**175 Isle Verde Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

4. FEI Number  
**20-0041681**

Applied For  
**Not Applicable**

Zip  
**33418**

Country  
**Palm Beach**

Zip  
**33418**

Country  
**Palm Beach**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**GERSON, GARY N  
1645 PALM BEACH LAKES BLVD STE 1200  
WEST PALM BEACH, FL 33401**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HILLMAN, ANDREW S**  
STREET ADDRESS **4400 PGA BOULEVARD, SUITE 900**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Andrew S. Hillman**  
STREET ADDRESS **175 Isle Verde Way**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, 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: Andrew S Hillman Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08  
Date

5613864307  
Daytime Phone #