

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000075756

1. Entity Name
1701 HILLMOOR, INC.



Principal Place of Business
2090 SE OCEAN BLVD
STUART, FL 34996

Mailing Address
2090 SE OCEAN BLVD
STUART, FL 34996



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DAVENPORT, WILLIAM
2090 SW OCEAN BLVD
STUART, FL 34996

**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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000428813
02/21/06-80061-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVENPORT, WILLIAM H
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	VPD
NAME	GUERRERO, JOHN M
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	STD
NAME	KLAUS III, NELSON C
STREET ADDRESS	2090 SE OCEAN BLVD
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #