


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 770633 1. Entity Name HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1600 HIDDEN CREEK BLVD ORLANDO FL 32807 US	Mailing Address 1600 HIDDEN CREEK BLVD ORLANDO FL 32807 US
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt #, etc.	59-2883916	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent SPENCER, LARRY 1600 HIDDEN CREEK BLVD ORLANDO FL 32807	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D SHRIMPLIN, CHRISTOPHER	TITLE	000000204164
NAME	6278 YORKTOWN DR. ORLANDO FL 32807	NAME	01/29/05-80060-010 61.25
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> Delete	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD DANOYS, MICHELE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1653 EAGLE CREEK CIR. ORLANDO FL 32807	NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GEENEN, MARY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1703 SHADY RIDGE CT ORLANDO FL 32807	NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S CHIASSON, LORNA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1714 SILVER CREEK COURT ORLANDO FL 32807	NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DEITRICK, SARA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1705 SHADY RIDGE COURT ORLANDO FL 32807	NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P FELIX, GEORGE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1617 LONG RIDGE CT ORLANDO FL 32807	NAME	
STREET ADDRESS	<input type="checkbox"/> Delete	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George Felix - President* 1/26/05 407-658-6333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #