


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90074 002 ****61.25

DOCUMENT # 770633
 1. Entity Name
HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1600 HIDDEN CREEK BLVD 1600 HIDDEN CREEK BLVD
 ORLANDO FL 32807 ORLANDO FL 32807
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2883916** Applied For Not Applicable

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

1st MOORE CR2E037 (10/06)

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SHRIMPLIN, CHRISTOPHER STREET ADDRESS: 6278 YORKTOWN DR. CITY-ST-ZIP: ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: GEENEN, MARY STREET ADDRESS: 1703 SHADY RIDGE CT CITY-ST-ZIP: ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE: S NAME: CHIASSON, LORNA STREET ADDRESS: 1714 SILVER CREEK COURT CITY-ST-ZIP: ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE: D NAME: DEITRICK, SARA STREET ADDRESS: 1705 SHADY RIDGE COURT CITY-ST-ZIP: ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE: P NAME: FELIX, GEORGE STREET ADDRESS: 1617 LONG RIDGE CT CITY-ST-ZIP: ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T NAME: DRUBIN LYNNE STREET ADDRESS: 1627 LITTLE FAIR CIR CITY-ST-ZIP: ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: OSBORNE, SUSAN STREET ADDRESS: 6247 YORKTOWN DR CITY-ST-ZIP: ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: 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 exemptions contained in Section 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 prepare 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 E Felix - George E Felix, PRES 1/22/07