

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90039 050 ****61.25



DOCUMENT # N02000009572

1. Entity Name
HIDDEN LAKE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business
 13400 SUTTON PARK DRIVE S.
 1402
 JACKSONVILLE, FL 32224 US

Mailing Address
 13400 SUTTON PARK DRIVE S.
 1402
 JACKSONVILLE, FL 32224 US

24041774



04092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-2095340** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

PARRISH, CHRISTINA E
 13400 SUTTON PARK DR. S.
 1402
 JACKSONVILLE, FL 32224

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUDOLPH, MAURICE M
STREET ADDRESS	13400 SUTTON PARK DR. W., #1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	ST,D
NAME	HITE, PATSY A
STREET ADDRESS	13400 SUTTON PARK DR., W., #1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VPD
NAME	HUGHS, NATHANIEL C
STREET ADDRESS	13400 SUTTON PK DR. S. #1402
CITY-ST-ZIP	JACKSONVILLE, FL 32224
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 exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

904-821-7171

Date

Daytime Phone #