


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90127 012 ****61.25

DOCUMENT # N02000009572			
1. Entity Name HIDDEN LAKE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.			
Principal Place of Business 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744 US		Mailing Address C/O LELAND MANAGEMENT 8009 S ORANGE AVE ORLANDO, FL 32809	
2. Principal Place of Business <i>8009 S. Orange Ave.</i>		3. Mailing Address <i>8009 S. Orange Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Orlando FL</i>		City & State <i>Orlando FL</i>	
Zip <i>32809-6711</i>		Zip <i>32809-6711</i>	
Country		Country	
4. FEI Number 54-2095340		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LELAND MANAGEMENT, INC. 1633 E. VINE STREET SUITE 110 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name <i>Leland Management Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>8009 S. Orange Ave.</i> City <i>Orlando</i> FL Zip Code <i>32809-6711</i>	
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 <i>Rubie Love</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUDOLPH, MAURICE M <input type="checkbox"/> Delete 13400 SUTTON PARK DR. W., #1402 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST,D HITE, PATSY A <input type="checkbox"/> Delete 13400 SUTTON PARK DR., W., #1402 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHS, NATHANIEL C <input checked="" type="checkbox"/> Delete 13400 SUTTON PK DR. S. #1402 JACKSONVILLE, FL 32224	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition marcus miede 13400 Sutton Park Dr. S., #1402 Jacksonville, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	