


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90078 011 ****61.25

DOCUMENT # N02000009572

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



Principal Place of Business
**8009 S ORANGE AVE
 ORLANDO, FL 32809-6711 US**

Mailing Address
**8009 S ORANGE AVE
 ORLANDO, FL 32809-6711 US**

40024000



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

3. Mailing Address
 Suite, Apt. #, etc.

02082007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
54-2095340

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LELAND MANAGEMENT
 8009 S ORANGE AVE
 ORLANDO, FL 32809-6711**

7. Name and Address of New Registered Agent
 Name **May Management Services**
 Street Address (P.O. Box Number is Not Acceptable)
5455 A1A South
 City **St Augustine** **FL** Zip Code **32080**

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 *Barbara Kicklighter* **Barbara Kicklighter** 2/15/07
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUDOLPH, MAURICE M 13400 SUTTON PARK DR. W., #1402 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST,D HITE, PATSY A 13400 SUTTON PARK DR., W., #1402 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGHS, NATHANIEL C 13400 SUTTON PK DR. S. #1402 JACKSONVILLE, FL 32224	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 NAME STREET ADDRESS CITY-ST-ZIP	Albert Annunziata 14613 Christen Drive Jacksonville, FL 32218 President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart Prine 47 Lake Run Blvd. Jacksonville, FL 32218 Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barbara Kicklighter 14634 Hadley Court Jacksonville, FL 32218 Secretary/Treasurer	<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
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 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 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: *Barbara Kicklighter* **BARBARA KICKLIGHTER** 2/19/07 (904) 751-4731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #