


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 019 ****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**

40049646

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03072008 Chg-NP CR2E037 (12/06)

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

**MAY MANAGEMENT SERVICES
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is **\$61.25 Due by May 1, 2008**

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	P	<input checked="" type="checkbox"/> Delete
NAME	ANNUNZIATA, ALBERT	
STREET ADDRESS	14613 CHRISTEN DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PRINE, STUART	
STREET ADDRESS	47 LAKE RUN BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KICKLIGHTER, BARBARA	
STREET ADDRESS	14634 HADLEY COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Piner	
STREET ADDRESS	14421 Christen Dr	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Allen	
STREET ADDRESS	14630 Christen Dr	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Floyd Graham	
STREET ADDRESS	14405 Christen Dr S	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Williams	
STREET ADDRESS	14594 Zachary Dr E	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **3/17/08**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #