

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Oct 01, 2008
Secretary of State**

DOCUMENT# N02000009572

Entity Name: HIDDEN LAKE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.**Current Principal Place of Business:**8009 S ORANGE AVE
ORLANDO, FL 328096711 US**New Principal Place of Business:**12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 US**Current Mailing Address:**8009 S ORANGE AVE
ORLANDO, FL 328096711 US**New Mailing Address:**P.O. BOX 600033
JACKSONVILLE, FL 32260 US

FEI Number: 54-2095340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US**Name and Address of New Registered Agent:**PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS
12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 US

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.

SIGNATURE: ELAINE BROOKS

10/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: PIMER, DAVID
Address: 14421 CHRISTEN DR
City-St-Zip: JACKSONVILLE, FL 32218Title: VP () Delete
Name: ALLEN, THOMAS
Address: 14630 CHRISTEN DR
City-St-Zip: JACKSONVILLE, FL 32218Title: S () Delete
Name: GRAHAM, FLOYD
Address: 14405 CHRISTEN DR S
City-St-Zip: JACKSONVILLE, FL 32218Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: PIMER, DAVID
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260Title: T (X) Change () Addition
Name: WILLIAMS, CHARLES
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260Title: S (X) Change () Addition
Name: KICKLIGHTER, DONNIE
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260Title: D () Change (X) Addition
Name: RADABAUGH, SHANNON
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE BROOKS

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10/01/2008

Electronic Signature of Signing Officer or Director

Date