

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009572

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** HIDDEN LAKE HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 600033  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

FEI Number: 54-2095340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS  
12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIMER, DAVID  
Address: P.O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: T ( ) Delete  
Name: WILLIAMS, CHARLES  
Address: P.O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: S ( ) Delete  
Name: KICKLIGHTER, DONNIE  
Address: P.O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Delete  
Name: RADABAUGH, SHANNON  
Address: P.O. BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVE PIMER

P

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date