

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 27, 2009
Secretary of State**

DOCUMENT# N02000009572

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:**463499 STATE ROAD 200
YULEE, FL 32097 US**Current Mailing Address:**P.O.BOX 600033
JACKSONVILLE, FL 32260 US**New Mailing Address:**P O BOX 1987
YULEE, FL 32041 US

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:**PROPERTY MANAGEMENT SYSTEMS INC
463499 STATE ROAD 200
YULEE, FL 32097 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: SCOTT STEFFEN

08/27/2009

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 32260Title: T () Delete
Name: WILLIAMS, CHARLES
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260Title: S () Delete
Name: KICKLIGHTER, DONNIE
Address: P.O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: PIMER, DAVID
Address: P O BOX 1987
City-St-Zip: YULEE, FL 32041 USTitle: SD (X) Change () Addition
Name: KICKLIGHTER, DONNIE
Address: P O BOX 1987
City-St-Zip: YULEE, FL 32041 USTitle: TD (X) Change () Addition
Name: WILLIAMS, CHARLES
Address: P O BOX 1987
City-St-Zip: YULEE, FL 32041 US

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: SCOTT STEFFEN

RA

08/27/2009

Electronic Signature of Signing Officer or Director

Date