

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38514

FILED
Jul 19, 2005
Secretary of State

Entity Name: HIDDEN VILLAGE HOMEOWNERS ASSOCIATION OF OCALA, INC.

Current Principal Place of Business:

1700 SE 27 LOOP
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1700 SE 27TH LOOP
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-3108390 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRANAN, TOM
1713 SE 27TH LOOP
OCALA, FL 34471 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: PD () Delete
Name: BRANAN, TOM
Address: 1713 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BALLANTYNE, JOHN
Address: 1761 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: SARBECK, ELAINE
Address: 1715 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: LANE, DAVID
Address: 1737 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MORTHLAND, DIANE
Address: 1771 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 SARBECK

D

07/19/2005

Electronic Signature of Signing Officer or Director

Date