

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38514

FILED
Jan 06, 2008
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 ()

Name and Address of Current Registered Agent:

DUNWOODY, ANA
1772 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: DUNWOODY, ANA
Address: 1772 SE 27TH LOOP
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: BLAND, CHARLES
Address: 1767 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 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 SARBECK, TREASURER

D

01/06/2008

Electronic Signature of Signing Officer or Director

Date