


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000002472			
1. Entity Name HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 3599 UNIVERSITY BLVD STE A JACKSONVILLE FL 32216 US		Mailing Address 3599 UNIVERSITY BLVD STE A JACKSONVILLE FL 32216 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. —		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3308169** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REINSCHMIDT, TIMOTHY W 3599 UNIVERSITY BLVD S STE B STE B JACKSONVILLE FL 32216		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINLEY, ALEX			NAME			
STREET ADDRESS	4517 SE 3RD PLACE			STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			CITY-ST-ZIP			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME	REDFEAVN, MICHAEL			NAME			
STREET ADDRESS	PO BOX 81			STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656			CITY-ST-ZIP			
NAME	REINSCHMIDT, TIMOTHY W			NAME			
STREET ADDRESS	3599 UNIVERSITY BLVD., SUITE A			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216			CITY-ST-ZIP			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U00000226905
02/12/05-80035-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy W. Reinschmidt 2/2/05 904 858 7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #