
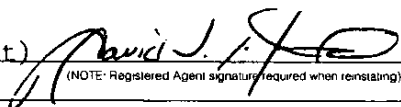
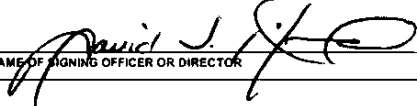


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 009 \*\*\*\*70.00

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 - No P.O. Box # 4574 S.E. 3rd Place		3. Mailing Address 4574 S.E. 3rd Place	
4. Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Keystone Heights, FL		City & State Keystone Heights, FL	
4. FEI Number 59-3308169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REINSCHMIDT, TIMOTHY W 3599 UNIVERSITY BLVD S STE B STE B JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name: David J. Kirkland Street Address (P.O. Box Number is Not Acceptable): 4574 S.E. 3rd Place City: Keystone Heights FL Zip Code: 32656	
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: David J. Kirkland (President)			7-25-07
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME: HINLEY, ALEX STREET ADDRESS: 4517 SE 3RD PLACE CITY-ST-ZIP: KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete	TITLE: D/P NAME: David J. Kirkland STREET ADDRESS: 4574 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: REDFEAVN, MICHAEL STREET ADDRESS: PO BOX 81 CITY-ST-ZIP: KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete	TITLE: D/VP NAME: Frank Sanders STREET ADDRESS: 4589 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: REINSCHMIDT, TIMOTHY W STREET ADDRESS: 3599 UNIVERSITY BLVD., SUITE A CITY-ST-ZIP: JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete	TITLE: D/T NAME: Gale Hockman STREET ADDRESS: 4617 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Roger Crase STREET ADDRESS: 4542 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Delete	TITLE: D NAME: Joseph H. Veates STREET ADDRESS: 4688 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: Joseph H. Veates STREET ADDRESS: 4688 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Delete	TITLE: D NAME: Joseph H. Veates STREET ADDRESS: 4688 S.E. 3rd Place CITY-ST-ZIP: Keystone Heights, FL 32656	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David J. Kirkland			7-25-07 352/745-0963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #