

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N94000002472

Entity Name: HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4574 S.E. 3RD PLACE
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

4574 S.E. 3RD PLACE
KEYSTONE HEIGHTS, FL 32656 US

New Mailing Address:

FEI Number: 59-3308169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KIRKLAND, DAVID
4574 S.E. 3RD PLACE
KEYSTONE HEIGHTS, FL 32656 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: KIRKLAND, DAVID
Address: 4574 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DVP () Delete
Name: SANDERS, FRANK
Address: 4589 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: DT () Delete
Name: HOCKMAN, GALE
Address: 4617 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: CRASE, ROGER
Address: 4542 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: VEATES, JOSEPH H
Address: 4688 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRKLAND, DAVID J
Address: 4574 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: DAVID J. KIRKLAND

PD

01/06/2009

Electronic Signature of Signing Officer or Director

_____ Date