2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08590

FILED Jan 11, 2008 Secretary of State

Entity Name: HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 692001 5700 PITCH PINE DRIVE ORLANDO, FL 328692001 US ORLANDO, FL 32819 U

Current Mailing Address: New Mailing Address:

P.O. BOX 692001 P.O. BOX 1045

ORLANDO, FL 328692001 US ORLANDO, FL 34786 US

FEI Number: 59-3035323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLUMANN, MICHELLE
5434 SAGO PALM CT.
5700 PITCH PINE DRIVE
ORLANDO, FL 32819 US
5700 PITCH PINE DRIVE
ORLANDO, FL 32819 US

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: JEFFERSON MANGANELLI 01/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: P () Delete Title: PRES (X) Change () Addition

 Name:
 BRINDLE, ROBERT
 Name:
 BAL, WESLEY

 Address:
 7812 PINE MARSH COURT
 Address:
 5525 SAGO PALM DRIVE

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: () Delete Title: **TRES** (X) Change () Addition BAUMANN, MICHELLE Name: MANGANELLI, JEFFERSON Name: Address: 5434 SAGO PALM CT Address: 5700 PITCH PINE DRIVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: ORLANDO, FL 32819

Title: 1VP () Delete Title: 1VP (X) Change () Addition

 Name:
 HAWKINS, FRED
 Name:
 BAUMANN, MICHELLE

 Address:
 5441 SPLIT PINE CT
 Address:
 5434 SAGO PALM CT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: 2VP () Delete Title: 2VP (X) Change () Addition

 Name:
 BAL, WES
 Name:
 COLLEY, BRIAN

 Address:
 5525 SAGO PALM CT
 Address:
 5418 CEDAR PINE CT

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:
 ORLANDO, FL 32819

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 MACK, JAMES

 Address:
 Address:
 5412 CEDAR PINE CT

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32819

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: JEFFERSON MANGANELLI TRES 01/11/2008