

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000434

Entity Name: HIDDEN VALLEY HOMEOWNERS ASSOCIATION OF CYPRESS CREEK, INC.**FILED**
Apr 22, 2024
Secretary of State
2590887540CC**Current Principal Place of Business:**8948 POLYNESIAN WAY
ORLANDO, FL 32836**Current Mailing Address:**C/O JUDY TABOR
8948 POLYNESIAN LN
ORLANDO, FL 328367033 US**FEI Number: 47-2845560****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PERRY, DANIEL W
4767 NEW BROAD ST
#1007
ORLANDO, FL 32814-6405 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: DANIEL W PERRY****04/22/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name KRIMSON, BILL
Address 11641 VISTA VIEW DR.
City-State-Zip: ORLANDO FL 32836

Title V.P.
Name CAPELLA, FRANK
Address 11692 JUREANE DR.
City-State-Zip: ORLANDO FL 32836

Title PRESIDENT
Name TRUMPULIS, PAULA
Address 11691 JUREANNE DR
City-State-Zip: ORLANDO FL 32836

Title TREASURER
Name TABOR, JUDY
Address 11311 AMY LANE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name CAMPBELL, BARBARA
Address 8803 MEGAN LN
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name NANAS, JOE
Address 11278 COMMODORE LN
City-State-Zip: ORLANDO FL 32836

Title SECRETARY
Name JARRELL, KAREN
Address 11348 COMMODORE LANE
City-State-Zip: ORLANDO FL 32836

Title DIRECTOR
Name DAWSON, JEFFREY
Address 8907 CRIMSON TIDE LANE
City-State-Zip: ORLANDO FL 32836

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I hereby 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 all other like empowered.

SIGNATURE: JUDY TABOR**TREASURER****04/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MILLER, MIKE
Address	11328 COMMODORE
City-State-Zip:	ORLANDO FL 32836