

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000434

Entity Name: HIDDEN VALLEY HOMEOWNERS ASSOCIATION OF CYPRESS CREEK, INC.**FILED**
Mar 25, 2021
Secretary of State
2538327332CC**Current Principal Place of Business:**8950 POLYNESIAN WAY
ORLANDO, FL 32836**Current Mailing Address:**8950 POLYNESIAN WAY
ORLANDO, FL 32836**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****03/25/2021**

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 | MORRISSEY, BOB |
| Address | 11208 COMMODORE LANE |
| City-State-Zip: | ORLANDO FL 32836 |

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

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

| | |
|-----------------|--------------------|
| Title | SECRETARY |
| Name | JARRELL, KAREN |
| Address | 11348 COMMODORE LN |
| 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**03/25/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|------------------|
| Title | DIRECTOR |
| Name | KAUFMAN, JUNE |
| Address | 11286 SUZANNE LN |
| City-State-Zip: | ORLANDO FL 32836 |