

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000000434

**FILED**  
**Jan 15, 2018**  
**Secretary of State**  
**CC9613654704**

**Entity Name:** HIDDEN VALLEY HOMEOWNERS ASSOCIATION OF CYPRESS CREEK, INC.

**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:**

COLLING, LEE J  
529 VERSAILLES DRIVE, SUITE 103  
MAITLAND, FL 32751 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name BALL, CHRIS  
Address 11537 VISTA VIEW DR.  
City-State-Zip: ORLANDO FL 32836

Title SECRETARY  
Name JARRELL, KAREN  
Address 11384 COMMODORE LANE  
City-State-Zip: ORLANDO FL 32836

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

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

Title DIRECTOR  
Name PAT, BROWN  
Address 11244 SHER LANE  
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

**Continues on page 2**

*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**

**01/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MULBRANDON, JAMES  
Address        11466 SUZANNE LN  
City-State-Zip: ORLANDO FL 32836