

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000000434

Entity Name: HIDDEN VALLEY HOMEOWNERS ASSOCIATION OF CYPRESS CREEK, INC.**FILED**
Jan 19, 2017
Secretary of State
CC8134685908**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	D
Name	BALL, CHRIS
Address	11537 VISTA VIEW DR.
City-State-Zip:	ORLANDO FL 32836

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

Title	DIRECTOR
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

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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: PAULA TRUMPULIS**DIRECTOR****01/19/2017**

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