

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22090

**Entity Name:** HIDDEN HILLS COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 22, 2024**  
**Secretary of State**  
**5698195398CC****Current Principal Place of Business:**7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256**Current Mailing Address:**7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256 US**FEI Number:** 59-2846707**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA - CMC JACKSONVILLE  
7400 BAYMEADOWS WAY  
STE 317  
JACKSONVILLE, FL 32256 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:** MICHELLE GRIGGS

04/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** BISPLINGHOFF, DAVE  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** VP  
**Name** HASTINGS, CHARLES RICK  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** SECRETARY  
**Name** AVANT, JEANINE MARIE  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** TREASURER  
**Name** FULLER, PIERRE  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** DIRECTOR  
**Name** BRANTLEY, CHERYL  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** DIRECTOR  
**Name** FRANKS, LINDA  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256**Title** DIRECTOR  
**Name** STRANDES, PETER  
**Address** 7400 BAYMEADOWS WAY  
STE 317  
**City-State-Zip:** JACKSONVILLE FL 32256

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:** DAVE BISPLINGHOFF

PRESIDENT

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date