

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38514

Entity Name: HIDDEN VILLAGE HOMEOWNERS ASSOCIATION OF OCALA, INC.**FILED**
Jan 14, 2017
Secretary of State
CC8876205490**Current Principal Place of Business:**1700 SE 27 LOOP
OCALA, FL 34471**Current Mailing Address:**1700 SE 27 LOOP
OCALA, FL 34471 US**FEI Number: 59-3108390****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**D'ALTILIO, NICK
1745 S.E. 27TH LOOP
OCALA, FL 34471 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: NICK D'ALTILIO****01/14/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRESIDENT
Name D'ALTILIO, NICK
Address 1745 S.E. 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name COWART, NANCY P
Address 1707 SE 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name AYRES, CAROLYN
Address 1713 SE 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name CORCORAN, CHUCK
Address 1770 SE 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name BOWDEN, JOYCE
Address 1704 S.E. 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name TREXLER, JANET
Address 1747 SE 27TH LOOP
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name DUMOND, BOB
Address 1773 SE 27TH LOOP
City-State-Zip: OCALA FL 34471

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: NANCY COWART**DIRECTOR****01/14/2017**

Electronic Signature of Signing Officer/Director Detail

Date