## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 707873**

1. Entity Name

HIDDEN VALLEY MANOR CONDOMINIUM ASSOCIATION,



FILED

Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90283 012 \*\*\*\*61.25

Principal Place of Business Mailing Address N. INC N, INC. 125 W HIDDEN VALLEY BOULEVARD BOCA RATON FL 33487 125 W HIDDEN VALLEY BOULEVARD BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARCZEWSKI, RAM Street Address (P.O. Box Number is Not Acceptable) 11406 LITTLE BEAR WAY BOCA RATON FL 33428 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE Delete TITLE Change ☐ Addition ROSS, ELIZABETH NAME NAME Willidden valley Blud. Fl 125 WHIDDEN VALLEY BLVD #14 BOLA STREET ADDRESS STREET ADDRESS BOCA RATON FL 33487 CITY-ST-ZIP CITY-ST-ZIP SD SD THILE K Delete TITLE ■ Addition COLOE, ERICA-Judy Mudd NAME NAME 125 W.HIDDEN VALLEY BLVD #4 STREET ADDRESS 125 Hidden Valley Blvd #6 STREET ADDRESS CHY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP Boca Raton, FL 33487 ☐ Dolote HUE Change Addition | KARCZEWSKI, PAM NAME NAME STREET ADDRESS 11406 LITTLE BEAR WAY STREET ADDRESS **BOCA RATON FL 33428** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pam Karizewski

Elizabeth Ross

997-2677