

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707873

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** HIDDEN VALLEY MANOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

N, INC.  
125 W HIDDEN VALLEY BOULEVARD  
BOCA RATON, FL 33487

**New Principal Place of Business:**

125 W HIDDEN VALLEY BOULEVARD  
BOCA RATON, FL 33487

**Current Mailing Address:**

N, INC.  
125 W HIDDEN VALLEY BOULEVARD  
BOCA RATON, FL 33487

**New Mailing Address:**

125 W HIDDEN VALLEY BOULEVARD  
BOCA RATON, FL 33487

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOBOLSKI, TAMI  
125 W. HIDDEN VALLEY BLVD.  
11  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

TOBOLSKI, TAMI  
9668 RICHMOND CIR.  
BOCA RATON, FL 33434 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

02/01/2010

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STOVER, WILLIAM  
Address: 125 W. HIDDEN VALLEY BLVD. #1  
City-St-Zip: BOCA RATON, FL 33487

Title: SD  
Name: MUDD, JUDY  
Address: 125 HIDDEN VALLEY BLVD. #6  
City-St-Zip: BOCA RATON, FL 33487

Title: TD  
Name: TOBOLSKI, TAMI  
Address: 9668 RICHMOND CIR.  
City-St-Zip: BOCA RATON, FL 33434

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: TAMI TOBOLSKI

TD

02/01/2010

Electronic Signature of Signing Officer or Director

Date