

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724451

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** HIDDEN LAKE HOUSING ASSOCIATION, INC.

**Current Principal Place of Business:**

308 LOCH LOW DR  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 342  
SANFORD, FL 32772 US

**New Mailing Address:**

**FEI Number:** 59-1812233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, MARGARET  
236 LOCHLOW DRIVE  
SANFORD, FL 32773 US

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

THOMPSON, MARGARET  
236 LOCH LOW DRIVE  
SANFORD, FL 32773 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:

03/12/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: VALORIE, JONES  
Address: 149 HIDDEN LAKE DRIVE.  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: JONES, WILLIE  
Address: 152 HIDDEN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: SD ( ) Delete  
Name: WALKER, JAMIE  
Address: 211 MEADOW HILLS DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: HENWOOD, JOANN M  
Address: 143 HIDDEN LAKE DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: PD ( ) Delete  
Name: DUKE, DENESE  
Address: 216 LOCH LOW DRIVE  
City-St-Zip: SANFORD, FL 32773

Title: TD ( ) Delete  
Name: THOMPSON, MARGARET  
Address: 236 LOCH LOW DRIVE  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARET THOMPSON

TD

03/12/2009

Electronic Signature of Signing Officer or Director

Date