2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732533

FILED Jan 06, 2007 Secretary of State

Entity Name: HIDDEN OAKS OWNER'S ASSOCIATION INC

Littly Nan	ie. HIDDEN O	ANS OWNER S ASSOCIATIO	JIN, IINC.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	9TH STREET LE, FL 32605	US				
Current Mailing Address:			New Maili	New Mailing Address:		
3718 NW 29TH STREET GAINESVILLE, FL 32605 US						
FEI Number:	59-1732941	FEI Number Applied For ()	FEI Number Not Appl	icable () C	ertificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
3718 NW 2 GAINESVIL The above	RUSSELL F 9TH STREET LE, FL 32605 named entity su	US bmits this statement for the p	ourpose of changing it	ts registered offic	ce or registered agent, or both,	
in the State	of Florida.					
SIGNATUR		Signature of Registered Age	ant .		 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete e: ROWLEY, RUSSELL F ess: 3718 NW 29TH STREET		Title: Name: Address: City-St-Zip:	Title: () Change () Addition Name: Address:		
Title: Name: Address: City-St-Zip:	VP () C RYE, JERRY 3817 NW 28TH T GAINESVILLE, FL		Title: Name: Address: City-St-Zip:	Name: Address:		
Title: Name: Address: City-St-Zip:	TS () C MCCANN, KAREN 3708 NW 28TH T GAINESVILLE, FL	ERRACE	Title: Name: Address: City-St-Zip:	() CI	nange()Addition	
Title: Name: Address: City-St-Zip:	TT () D JEWELL, TERY 3722 NW 29TH S GAINESVILLE, FL		Title: Name: Address: City-St-Zip:	TT (X) CI CARLIN, BONNIE 3706 NW 29TH S' GAINESVILLE, FL		

I hereby certify that the information supplied with this filing does not qualify for the 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: RUSSELL F ROWLEY PRES 01/06/2007