

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732533

FILED
Apr 01, 2009
Secretary of State

Entity Name: HIDDEN OAKS OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3718 NW 29TH STREET
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

3718 NW 29TH STREET
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: 59-1732941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROWLEY, RUSSELL F
3718 NW 29TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROWLEY, RUSSELL F
Address: 3718 NW 29TH STREET
City-St-Zip: GAINESVILLE, FL 32605 US

Title: VP () Delete
Name: RYE, JERRY
Address: 3817 NW 28TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: TS () Delete
Name: MCCANN, KAREN
Address: 3708 NW 28TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: TT () Delete
Name: CARLIN, BONNIE
Address: 3706 NW 29TH STREET
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change () Addition
Name: ROWLEY, DIANNE
Address: 3718 NW 29TH STREET
City-St-Zip: GAINESVILLE, FL 32605

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: RUSS ROWLEY

RR

04/01/2009

Electronic Signature of Signing Officer or Director

Date