


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 745180</b> 1. Entity Name HIDDEN HILLS HOMEOWNERS ASSOCIATION, INC.	
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 7400 NW 47TH CT. GAINESVILLE, FL 32606	Mailing Address 7400 NW 47TH CT. GAINESVILLE, FL 32606
--------------------------------------------------------------------------	--------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1872486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEBER, MARY L  
7205 NW 47 CT  
GAINESVILLE, FL 32606

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---------------------------------------------	--------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WEBER, MARY L 7205 NW 47 CT GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KORNBLUM, HELEN 7303 NW 47 CT GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILLIS, MARTHA 4729 NW 71ST BLVD GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WATSON, KEITH 7214 NW 47 CT GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

000000718253  
05/01/07-80015-004-61-25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary Louise Weber 4-16-07 352-373-6362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #