

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90070 015 \*\*\*\*61.25

**DOCUMENT # 758488**

1. Entity Name  
**HIDDEN RIDGE CONDOMINIUM HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**725 S NORTHLAKE BLVD  
# 27  
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address  
**135 W PINEVIEW ST.  
ALTAMONTE SPRINGS, FL 32714-2006 US**

**50001162**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2196315**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional-  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESIDENTIAL GROUP SOUTH, INC.  
135 W PINEVIEW ST.  
ALTAMONTE SPRINGS, FL 32714-2006**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME HARDING, GREG  
STREET ADDRESS 220 CHEROKEE COURT # 101  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GARDNER, KAREN  
STREET ADDRESS 725 S NORTH LAKE BLVD #82  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☒ Change ☐ Addition  
NAME S, T, D  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HARVEY, GARY  
STREET ADDRESS 725 S NORTHLAKE BLVD # 89  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Karen Gardner* (Karen Gardner)

3/18/2008

407-828-4836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #