

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769123

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** HIDDEN OAKS NORTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2107 63RD AVE E  
BRADENTON, FL 34203 US

**New Principal Place of Business:**

1443 TALLEVAST RD  
SARASOTA, FL 34243 US

**Current Mailing Address:**

2107 63RD AVE E  
BRADENTON, FL 34203 US

**New Mailing Address:**

1443 TALLEVAST RD  
SARASOTA, FL 34243 US

**FEI Number:** 65-0148818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SRQ PROPERTY MANAGEMENT, INC.  
2107 63RD AVE E  
BRADENTON, FL 34203 US

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

SRQ PROPERTY MANAGEMENT, INC.  
1443 TALLEVAST RD  
SARASOTA, FL 34243 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: THOMAS W COOK

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: WHITE, JODI  
Address: 1036 SIRUS TRAIL  
City-St-Zip: SARASOTA, FL 34232

Title: T ( ) Delete  
Name: CRAWFORD, KAREN  
Address: 1089 SIRUS TRAIL  
City-St-Zip: SARASOTA, FL 34232

Title: P ( ) Delete  
Name: JOHNSON, SCOTT  
Address: 987 SIRUS TRAIL  
City-St-Zip: SARASOTA, FL 34232

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

Title: VP (X) Change ( ) Addition  
Name: WHITE, JODI  
Address: 1036 SIRUS TRAIL  
City-St-Zip: SARASOTA, FL 34232

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: SCOTT JOHNSON

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date