

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90061 029 ***150.00

DOCUMENT # H50992

1. Entity Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business

HIDDEN VALLEY
11631 JUREANE DR
ORLANDO FL 32836
US

Mailing Address

11631 JUREANE DR
ORLANDO FL 32836
US

20009122



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

11637 ALEPAT LANE

Suite, Apt. #, etc.

3. Mailing Address

11637 ALEPAT LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-2627785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEROCHEA, MARY JANE
8837 CRIMSON TIDE LANE
ORLANDO FL 32856

7. Name and Address of New Registered Agent

Name **STEPHANIE INGS**

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

8814 HARLAND DR.

City **ORLANDO**

FL

Zip Code **32836**

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

Stephanie Ings

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

(NOTE: Registered Agent signature required when reinstating)

1/28/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	BERZONI, MARY	
STREET ADDRESS	8842 FIGHTING IRISH LANE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOUGH, RICHARD	
STREET ADDRESS	11631 JUREANE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	METHEWS, JUDY	
STREET ADDRESS	11681 JEREANE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALLMAN, HEROLD	
STREET ADDRESS	8862 FIGHTING IRISH LANE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	PP	<input type="checkbox"/> Delete
NAME	INGS, STEPHANIE	
STREET ADDRESS	8814 HARLAND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836	
TITLE	XY	<input type="checkbox"/> Delete
NAME	OSTERGREN, ROSE	
STREET ADDRESS	11637 ALEPAT LANE	
CITY-ST-ZIP	ORLANDO FL 32836	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL OSTERGREN	
STREET ADDRESS	11637 ALEPAT LANE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA RAGER	
STREET ADDRESS	11328 COMMONWEALTH LANE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAILE BROCKMAN	
STREET ADDRESS	11401 AMY LANE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOYD RAGER	
STREET ADDRESS	11328 COMMONWEALTH LANE	
CITY-ST-ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

Stephanie Ings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/05 407-239-4582

Date

Daytime Phone #