

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90266 022 \*\*\*150.00

**DOCUMENT # H50992**

1. Entity Name

**HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
11637 ALEPAT LANE  
ORLANDO FL 32836  
US

Mailing Address  
11637 ALEPAT LANE  
ORLANDO FL 32836  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

**INGS, STEPHANIE**  
**8814 HARLAND DR**  
**ORLANDO FL 32836**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **BERZONI, MARY**  
STREET ADDRESS **8842 FIGHTING IRISH LANE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
NAME **OSTERGREN, PAUL** *OSTERGREN*  
STREET ADDRESS **11637 ALEPAT LANE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☒ Delete  
NAME **METHEWS, JUDY**  
STREET ADDRESS **11681 JEREANE DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
NAME **KALLMAN, HEROLD** *HAROLD*  
STREET ADDRESS **8862 FIGHTING IRISH LANE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
NAME **INGS, STEPHANIE**  
STREET ADDRESS **8814 HARLAND DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete  
NAME **OSTERGREN, ROSE**  
STREET ADDRESS **11637 ALEPAT LANE**  
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Change ☒ Addition  
NAME **GAILE BROCKMAN**  
STREET ADDRESS **11401 AMY LANE**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☒ Addition  
NAME **ANNAMARY HARRIS**  
STREET ADDRESS **11633 WHITE SAND LANE**  
CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE ☐ Change ☒ Addition  
NAME **DOUGLAS BORDER**  
STREET ADDRESS **11636 JUREANNE DR.**  
CITY-ST-ZIP **ORLANDO, FL 32836**

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

TITLE ☐ Change ☐ Addition  
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 Section 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 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* **STEPHANIE INGS** 3/17/06 407-239-4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #