2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90056 026 ***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 - No P.O. Box # 11633 WHITE SAND LANE
Suite, Apt. #, etc.

3. Mailing Address 11633 WHITE SAND LANE
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State ORLANDO FL
Zip 32836 Country U.S.

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Zip 32836 Country US

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

INGS, STEPHANIE
8814 HARLAND DR
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name Harris, Annamary
Street Address (P.O. Box Number is Not Acceptable) 11633 WHITE SAND LANE
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 Annamary Harris 4-1-07
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	D BROCKMAN, GAILE 11401 AMY LANE ORLANDO FL 32836	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSTERGREO, PAUL 11637 ALEPAT LANE ORLANDO FL 32836	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAGER, BARBARA A. 11328 Commodore Ln ORLANDO Fl 32836	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, ANNAMARY 11633 WHITE SAND LANE ORLANDO FL 32836	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harris, ANNAMARY 11633 WHITE SAND LANE ORLANDO Fl 32836	■ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALLMAN, HAROLD 8862 FIGHTING IRISH LANE ORLANDO FL 32836	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Border, Doug 11686 Jureanne Dr. ORLANDO Fl 32836	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGES, STEPHANIE 8814 HARLAND DRIVE ORLANDO FL 32836	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, Marca 11552 AlePat Ln. ORLANDO Fl 32836	☐ Change ■ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERGREN, ROSE 11637 ALEPAT LANE ORLANDO FL 32836	■ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RAGER, Floyd A. 11328 Commodore Ln ORLANDO Fl 32836	☐ Change ■ Addition

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: Annamary Harris 4-1-07 407-238-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #