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	Mailing Address
11637 ALEPAT LANE ORLANDO FL 32836 US	11637 ALEPAT LANE ORLANDO FL 32836 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11633 WHITE SAND LANE	11633 WHITE SAND LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO FL
Zip: 32836 Country: U.S.	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	7. Name and Address of New Registered Agent
INGS, STEPHANIE 8814 HARLAND DR ORLANDO FL 32836	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 #