2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H50992

1. Entity Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, INC.



FILED Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90005 034 ***150.00

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Principal Place 11633 WHITE ORLANDO, FL	SAND LANE	us	11	iling Address 1633 WHITE SAND LA RLANDO, FL 32836	NE Us							
2. Principal Pl	ace of Busine	ess - No P.O. Box #	3. N	Mailing Address		·						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02252008	Chg-P	CDSEUS	4 (12/06)	
Galle, 7 pt. 4, dec.										<u> </u>	olion For	
City & State			City & State					4. FEI Number 59-262			<u> </u>	olied For Applicable
Zip Country			Zip Count			try		5. Certificate	of Status Desired.		8.75 Addi	
6. Name and Address of Current Registere				orod Agent		1		7 Name and	Address of New R		·····	
	о. натне	and Address of Carrell	veAra	ered Agent		Name		7. Namo ana			,	
HARRIS, ANNAMARY 11633 WHITE SAND LANE ORLANDO, FL 32836						Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO), FL 3203	ю										
						City				FL	Zip Code	•
		submits this statement for	r the p	urpose of changing its	register	ed office or	registe	red agent, or bo	th, in the State of Flo	rida. Lam fa	miliar with,	and accept
the obligat	ions of regist	ered agent.										
SIGNATURE (INVIAMALLY HOUSE A BLANK MARY HARRY Signature, typed or printed name of registered agent and title if applicable. (INOTE: Registered Agent signature required when remotating) 3/26/08 DATE												
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financ Trust Fund Contribution.								.00 May Be led to Fees				
10.	•	OFFICERS AND	DIREC	CTORS	11.			ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
πτιε	D	******		Detete	TIT.	E	Ø	- 11	ı		Change	☐ Addition
NAME	BROCKM	AN, GAILE			NAN	Æ	A		iston			
STREET ADDRESS	11401 AMY LANE					EET ADDRESS	8908 TAR HILL Ln.					
CITY-ST-ZIP	ORLANDO	D, FL 32836			cm	r-st-zip	0	RLANDO	F1 328	36		
TITLE	Τ			☐ Delete	TITL						☐ Change	Addition
NAME	1	SARBARA A			NAM							
STREET ADDRESS CITY-ST-ZIP	1	MMODORE LANE			ı	EET ADDRESS Y-ST-ZIP						
	P	D, FL 32836			—						Change	The Addition
title Name	1'	ANNAMARY		Delete	TITL NAA						Change	Addition
STREET ADORESS		IITE SAND LANE				reët address						
CITY-ST-ZIP		D, FL 32836			CIT	Y-ST-ZIP						
TITLE	Ь			⊠ Delete	חוו	LE	0				Change	☐ Addition
NAME	BORDER	DOUG			NV.	WE	ه د	\mathcal{V}^{\vee} \mathcal{R}^{e}	wers			
STREET ADDRESS	11686 W	IITE SAND LANE			STR	LEET ADDRESS	88	71 Figh	iting Iris	ik La		
CITY-ST-ZIP	ORLAND	D, FL 32836			ar	Y-ST-ZIP	01	lando	F1 3283	36		
TITLE	D			≥ Delete	TIT	LE	ַס				Change	Addition
NAME	1	IS, MARCA			NAJ		K	245 C V2	arrel	40.		
STREET ADORESS	1	EPATE LANE			1	REET ADDRESS	I					
CITY-ST-ZIP	 -	D, FL 32836				Y-ST-ZIP	0.	lando	F1 3287	36		~~.
TITLE	VP	TI OVD A		☐ Delete	תת		W.	Iliam P	acton		Change	Addition
NAME CTREET ADDRESS	RAGER, I				NAI ette	me Reet address	ca	30 Polyn	esian Ln			
STREET ADDRESS City-St-Zip	1	MMODORE LANE				Y-ST-ZIP			F1 32836			
	.1	O, FL 32836 e information supplied wit	h (h:- '	illing door ent mustiful						hiether or "	fu that the !	nlormotics.
indicated	ceruly Bilat ID Lon this room	e information supplied wit it or supplemental report i	n ausi	and accurate and that	mv sian:	kernpikuris C ature shall h	ave the	som chapter III same legal effe	o, monua olaluies. et as if made under	nath that I a	ny o vature i	or director

indicated unring report or suppremental report is true and accurate and mat my signature shall have the same legal effect as it made under loam; 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: Barbara A. RAGER (T) SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OR DIRECTOR	3-26-08 Date	407-238-7645 Daytime Phone #
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