

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90030 001 \*\*\*\*61.25

<b>DOCUMENT # N00000002861</b> 1. Entity Name <b>HIDDEN VALLEY CIVIC ASSOCIATION, INC.</b>					
Principal Place of Business <b>8973 N. WINROCK DRIVE JACKSONVILLE, FL 32216</b>				Mailing Address <b>8973 N. WINROCK DRIVE JACKSONVILLE, FL 32216</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="display: flex; justify-content: space-between;"> <span>04042005    Chg-NP    CR2E037 (10/03)</span> </div>					
4. FEI Number <b>59-3667720</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>QUICK, PATRICK 8973 N. WINROCK DRIVE JACKSONVILLE, FL 32216</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CHERRY, ALBERT G</b> <b>8821 IVEY ROAD</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>QUICK, PATRICK</b> <b>8973 N. WINROCK DR.</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WILLIAMS, CLAUDIA</b> <b>8992 N WINROCK DR</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>THODES, LISA A</b> <b>2539 TEMPO DR</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>TD Will Rohlfing 2515 Tempo Dr. JACKSONVILLE, FL 32216</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.					
<b>SIGNATURE:</b> <i>Albert G. Cherry</i> <b>Albert G. Cherry PD</b> <b>(904) 727-7050</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					