

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002861

FILED
Mar 18, 2006
Secretary of State

Entity Name: HIDDEN VALLEY CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

8973 N. WINROCK DRIVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

8973 N. WINROCK DRIVE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3667720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUICK, PATRICK
8973 N. WINROCK DRIVE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHERRY, ALBERT G
Address: 8821 IVEY ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VD () Delete
Name: QUICK, PATRICK
Address: 8973 N. WINROCK DR.
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: WILLIAMS, CLAUDIA
Address: 8992 N WINROCK DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: TD () Delete
Name: ROHLFING, WILL
Address: 2515 TEMPO DR
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT G. CHERRY

PD

03/18/2006

Electronic Signature of Signing Officer or Director

Date