


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90019 043 \*\*\*\*61.25

<b>DOCUMENT # N00000002909</b>	
1. Entity Name	
HIDDEN OAKS CONDOMINIUM ASSOCIATION OF CLERMONT, INC.	

Principal Place of Business	Mailing Address
2386 PRAIRIE DUNES CLERMONT FL 34711 US	2386 PRAIRIE DUNES CLERMONT FL 34711 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
NO-T APPLICABLE		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERRMAN, CLIFFORD 2386 PRARIE DUNES CLERMONT FL 34711		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	PT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRINGFELLOW, JAYSON A	NAME	LOUISE VESSELS
STREET ADDRESS	910 LAKE AVENUE	STREET ADDRESS	755 OAK DRIVE
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	PT <input checked="" type="checkbox"/> Delete	TITLE	P.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, CELESTE	NAME	BLANCA HERRMAN
STREET ADDRESS	910 LAKE AVENUE	STREET ADDRESS	2386 PRAIRIE DUNES
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	CLERMONT FL 34711
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRMAN, CLIFFORD	NAME	
STREET ADDRESS	2386 PRAIRIE DUNES	STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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.

SIGNATURE: *Clifford Herrman* CLIFFORD HERRMAN 3/1/06 305 607-8444