

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005601

**FILED**  
**May 26, 2004**  
**Secretary of State****Entity Name:** HIDDEN OAKS OF LAKE ELOISE HOME OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2155 EXECUTIVE RD.  
WINTER HAVEN, FL 33884**New Principal Place of Business:****Current Mailing Address:**2155 EXECUTIVE RD.  
WINTER HAVEN, FL 33884**New Mailing Address:****FEI Number:** 71-0880878**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VAN STEENBURG, MICHAEL T  
2155 EXECUTIVE ROAD  
WINTER HAVEN, FL 33884 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: PTD ( ) Delete  
Name: VAN STEENBURG, MICHAEL T  
Address: 2155 EXECUTIVE RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VSD ( ) Delete  
Name: VAN STEENBURG, VICTORIA C  
Address: 2155 EXECUTIVE RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: VAN STEENBURG, MICHAEL T  
Address: 2155 EXECUTIVE RD.  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP (X) Change ( ) Addition  
Name: OWENS, DONNIE  
Address: 160 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC ( ) Change (X) Addition  
Name: GARRARD, JULIE  
Address: 130 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TRE ( ) Change (X) Addition  
Name: VANSTEENBURG, VICKI  
Address: 165 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL T. VANSTEENBURG

PRES

05/26/2004

Electronic Signature of Signing Officer or Director

Date