

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005601

FILED  
Jun 11, 2008  
Secretary of State

**Entity Name:** HIDDEN OAKS OF LAKE ELOISE HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

180 HIDDEN OAKS LANE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

180 HIDDEN OAKS LANE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 71-0880878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SACKETT, DOUGLAS A  
180 HIDDEN OAKS LANE  
WINTER HAVEN, FL 33884      US

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: PRES      ( ) Delete  
Name: GILLMAN, SHANE  
Address: 120 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP      ( ) Delete  
Name: WILLIAMS, TIM  
Address: 140 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: SEC      ( ) Delete  
Name: BAKER, NANCY  
Address: 145 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TRE      ( ) Delete  
Name: SACKETT, DOUGLAS A  
Address: 180 HIDDEN OAKS LANE  
City-St-Zip: WINTER HAVEN, FL 33884

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

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

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

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 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: DOUGLAS A SACKETT

TRE

06/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date