2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N00000005658

Entity Name: HIDDEN OAKS OF OSCEOLA HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 702465
ST. CLOUD, FL 347702465

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702465
ST. CLOUD, FL 347702465

New Mailing Address:

FEI Number: 59-3688954 **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:

PETERSEN, DAVID
8010 SUNPORT DR
ORLANDO, FL 32809 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: PETERSEN, DAVID
Address: 1409 HIDDEN OAKS BLVD
City-St-Zip: SAINT CLOUD, FL 34771

Title: TD ( ) Delete
Name: OWENS, ANNA
Address: PO BOX 702465
City-St-Zip: ST. CLOUD, FL 347702465

Title: VD ( ) Delete
Name: EDWARDS, ROBERT
Address: 1412 HIDDEN OAKS BLVD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete
Name: SAMPSON, KEN
Address: P.O. BOX 702465
City-St-Zip: ST. CLOUD, FL 347702465

Title: SD ( ) Delete
Name: LISA, DARNELL
Address: PO BOX 702465
City-St-Zip: ST CLOUD, FL 347702465

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:

Title: SD (X) Change ( ) Addition
Name: DONNELLY, THOMAS
Address: PO BOX 702465
City-St-Zip: ST CLOUD, FL 347702465

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: ANNA OWENS TD 05/01/2005

Electronic Signature of Signing Officer or Director — Date