


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90157 019 ****61.25

DOCUMENT # N00000005658					
1. Entity Name HIDDEN OAKS OF OSCEOLA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 702465 ST. CLOUD, FL 34770-2465			Mailing Address P.O. BOX 702465 ST. CLOUD, FL 34770-2465		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3688954	
Zip		Country		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	
PETERSEN, DAVID 8010 SUNPORT DR ORLANDO, FL 32809				Name Street Address (P.O. Box Number is Not Acceptable) City	
PETERSEN, DAVID 8010 SUNPORT DR ORLANDO, FL 32809				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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSEN, DAVID 1409 HIDDEN OAKS BLVD SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OWENS, ANNA PO BOX 702465 ST. CLOUD, FL 347702465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Treasurer Petersen, Debra PO BOX 702465 ST CLOUD FL 34770-2465 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, ROBERT 1412 HIDDEN OAKS BLVD SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Atkins, Tom 1405 Hidden Oaks Bend St Cloud, FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, KEN P.O. BOX 702465 ST. CLOUD, FL 347702465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONNELLY, THOMAS PO BOX 702465 ST CLOUD, FL 347702465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sampson, Virginia 1422 Hidden Oaks Bend St Cloud FL 34771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>David Petersen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>April 25, 2006</i> Daytime Phone # <i>(407) 842-4226</i>		