
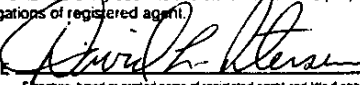



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-07-2007 90031 009 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3688954	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
PETERSEN, DAVID 8010 SUNPORT DR ORLANDO, FL 32809				7. Name and Address of New Registered Agent	
				Name PETERSEN, DAVID	
				Street Address (P.O. Box Number is Not Acceptable) 1707 ORLANDO CENTRAL PARKWAY	
				SUITE 430	
				City ORLANDO	
				FL Zip Code 32809	
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  DAVID L. PETERSEN 2-15-07					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D.	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSEN, DAVID		NAME	BARNEL, DAVID	
STREET ADDRESS	1409 HIDDEN OAKS BLVD		STREET ADDRESS	PO BOX 702465	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	ST CLOUD FL 34770 2465	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, DEBRA		NAME		
STREET ADDRESS	P.O. BOX 702465		STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD, FL 347702465		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINS, TOM		NAME	ATKINS, TOM	
STREET ADDRESS	1405 HIDDEN OAKS BEN		STREET ADDRESS	PO BOX 702465	
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP	ST CLOUD FL 34770 2465	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, KEN		NAME	SAMPSON, KEN	
STREET ADDRESS	P.O. BOX 702465		STREET ADDRESS	PO BOX 702465	
CITY-ST-ZIP	ST. CLOUD, FL 347702465		CITY-ST-ZIP	ST CLOUD FL 34770 2465	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNELLY, THOMAS		NAME	DONNELLY, THOMAS	
STREET ADDRESS	PO BOX 702465		STREET ADDRESS	PO BOX 702465	
CITY-ST-ZIP	ST CLOUD, FL 347702465		CITY-ST-ZIP	ST CLOUD, FL 34770 2465	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMPSON, VIRGINIA		NAME		
STREET ADDRESS	7422 HIDDEN OAKS BEND		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34771		CITY-ST-ZIP		
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 		2-5-07		407 892 4226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Debra M Petersen					

