

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90038 034 ****61.25

DOCUMENT # N0000005658			
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



1st MOORE CR2E037 (10/07)

4. FEI Number 59-3688954		Applied For <input type="checkbox"/> Not Applicable	
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 1707 ORLANDO CENTRAL PARKWAY SUITE 430 ORLANDO FL 32809		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DARNEL, DAVID PO BOX 702465 SAINT CLOUD FL 34770-2465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PETERSON, DEBRA P.O. BOX 702465 ST. CLOUD FL 34770-2465	<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	S ATKINS, TOM 1405 HIDDEN OAKS BEN 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	VP SAMPSON, KEN P.O. BOX 702465 ST. CLOUD FL 34770-2465	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			secretary Lori Morgan PO Box 702465 ST. CLOUD FL 34770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DONNELLY, THOMAS PO BOX 702465 ST CLOUD FL 34770-2465	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			Director JACK OWENS PO Box 702465 St Cloud FL 34770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			Director Brian Dundas PO Box 702465 St Cloud FL 34770 <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 Section 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: *Debra M. Petersen* *Debra M. Petersen* 2/8/08 407 892 4226