

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005658

FILED
Mar 02, 2009
Secretary of State

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:

1424 HIDDEN OAKS BEND
ST. CLOUD, FL 34771

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 702465
ST. CLOUD, FL 34770 US

FEI Number: 59-3688954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, DAVID
1707 ORLANDO CENTRAL PARKWAY
SUITE 430
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: VP () Delete
Name: DARNEL, DAVID
Address: PO BOX 702465
City-St-Zip: SAINT CLOUD, FL 347702465

Title: TD () Delete
Name: PETERSON, DEBRA
Address: P.O. BOX 702465
City-St-Zip: ST. CLOUD, FL 347702465

Title: D () Delete
Name: ATKINS, TOM
Address: 1405 HIDDEN OAKS BEN
City-St-Zip: SAINT CLOUD, FL 34771

Title: S () Delete
Name: MORGAN, LORI
Address: POB 702465
City-St-Zip: SAINT CLOUD, FL 34770

Title: P () Delete
Name: DONNELLY, THOMAS
Address: PO BOX 702465
City-St-Zip: ST CLOUD, FL 347702465

Title: D (X) Delete
Name: OWENS, JACK
Address: POB 702465
City-St-Zip: SAINT CLOUD, FL 34770

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DARNELL, LISA
Address: 1401 HIDDEN OAKS BEND
City-St-Zip: SAINT CLOUD, FL 34771

Title: D (X) Change () Addition
Name: OWENS, JACK
Address: P.O. BOX 702465
City-St-Zip: ST. CLOUD, FL 34770

Title: VP (X) Change () Addition
Name: DUNDAS, BRIAN
Address: 1425 HIDDEN OAKS BEND
City-St-Zip: SAINT CLOUD, FL 34771

Title: T (X) Change () Addition
Name: MORGAN, LORI
Address: POB 702465
City-St-Zip: SAINT CLOUD, FL 34770

Title: P (X) Change () Addition
Name: DONNELLY, THOMAS
Address: PO BOX 702465
City-St-Zip: ST CLOUD, FL 34770

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: LORI MORGAN

T

03/02/2009

Electronic Signature of Signing Officer or Director

Date