

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005658

FILED  
Feb 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1425 HIDDEN OAKS BEND  
ST. CLOUD, FL 34771 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3688954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNDAS, BRIAN  
1425 HIDDEN OAKS BEND  
SAINT CLOUD, FL 34771 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: S  
Name: DARNELL, LISA  
Address: 1401 HIDDEN OAKS BEND  
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VP  
Name: DONNELLY, THOMAS  
Address: P.O. BOX 702465  
City-St-Zip: ST. CLOUD, FL 34770 US

Title: P  
Name: DUNDAS, BRIAN  
Address: 1425 HIDDEN OAKS BEND  
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: T  
Name: MORGAN, LORI  
Address: P.O. BOX 702465  
City-St-Zip: SAINT CLOUD, FL 34770 US

I hereby 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 all other like empowered.

SIGNATURE: LORI ANN MORGAN

T

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date