

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00505

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** HIDDEN PINES OF VOLUSIA COUNTY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4536 S CLYDE MORRIS BLVD #2  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

QUALITY CONDO MGMT  
1100 OCEAN SHORE BLVD., SUITE 12  
ORMOND BEACH, FL 32175 US

**Current Mailing Address:**

413 SHOREWOOD LANE  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

QUALITY CONDO MGMT  
P.O. BOX 1527  
ORMOND BEACH, FL 32175

FEI Number: 59-2912115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUALITY CONDOMINIUM MANAGEMENT LLC  
4536 S CLYDE MORRIS BLVD #2  
PORT ORANGE, FL 32129 US

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

ERTL & KISTEMAKER BUSINESS LAW GROUP  
1651 N. CLYDE MORRIS BLVD.  
SUITE 2  
DAYTONA BEACH, FL 32117 US

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: CHRISTENE M. ERTL

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: KOSSUTH, CHARLES  
Address: 2236 DEERWOOD DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S  
Name: HATTON, ERNEST JR.  
Address: 337 WINDHAVEN LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P  
Name: WILSON, LILLIAN  
Address: 329 WINDHAVEN LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T  
Name: SAMS, WILLIE  
Address: 336 WINDHAVEN LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: LILLIAN F. WILSON

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date