

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00505

FILED
Jan 31, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

QUALITY CONDO MGMT
1100 OCEAN SHORE BLVD., SUITE 9
ORMOND BEACH, FL 32175 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2912115 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL & BERGER
300 N. MERIDIAN AVE
MAITLAND, FL 32751 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
Name: JOHNSTON, STEVE
Address: 2251 CANDLEWOOD LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S
Name: GILLESPIE, NORA
Address: 2263 CANDLEWOOD LANE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: P
Name: HUPFER, CAROL
Address: 2220 DEERWOOD DRIVE
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

Title: D
Name: SNYDER, JOSEPH
Address: 2226 CANDLEWOOD 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: CAROL HUPFER

PRES

01/31/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date