

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000281

FILED
Apr 26, 2009
Secretary of State

Entity Name: HIDDEN OAKS OF CENTRAL FLORIDA HINEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5393 STONE OAKS DR
LAKELAND, FL 33811

New Principal Place of Business:

5358 STONE OAKS DR
LAKELAND, FL 33811

Current Mailing Address:

P.O. BOX 6792
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 40-0000786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, BILL
5393 STONE OAKS DR
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

CURRIE, JENNY
5358 STONE OAKS DR
LAKELAND, FL 33811 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: JENNY CURRIE

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOOD, BILL
Address: 5393 STONE OAKS DR
City-St-Zip: LAKELAND, FL 33811

Title: V () Delete
Name: BOISVERT, DENNIS
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: S () Delete
Name: CURRIE, JENNY
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: T () Delete
Name: GILES, LISA
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D () Delete
Name: CALLAN, JOHN
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D (X) Delete
Name: AYERS, MELANIE
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CURRIE, JENNY
Address: 5358 STONE OAKS DR
City-St-Zip: LAKELAND, FL 33811

Title: V (X) Change () Addition
Name: CALLAN, JOHN
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: T/S (X) Change () Addition
Name: GILES, LISA
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D (X) Change () Addition
Name: AYERS, MELANIE
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D (X) Change () Addition
Name: GOLOTKO, KIMBERLY
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

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: JENNY CURRIE

P

04/26/2009

Electronic Signature of Signing Officer or Director

Date