

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000281

FILED
Jun 11, 2012
Secretary of State

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

Current Principal Place of Business:

5393 STONE OAKS DRIVE
LAKELAND, FL 33811

New Principal Place of Business:

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:

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: P
Name: GILES, LISA
Address: P.O. BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: V
Name: CURRIE, JENNIE
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: T
Name: HOOD, BILL
Address: P.O. BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: S
Name: SMALL, ALETHA
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D
Name: SURRENCY, JOHN
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

Title: D
Name: HARRISON, DARREN
Address: PO BOX 6792
City-St-Zip: LAKELAND, FL 33807

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: WILLIAM HOOD

TREA

06/11/2012

Electronic Signature of Signing Officer or Director

Date