

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000006729**

1. Entity Name

**HIDDEN OAKS RANCH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**ONE SAN JOSE PLAE  
SUITE 7  
JACKSONVILLE FL 32257**

Mailing Address

**ONE SAN JOSE PLAE  
SUITE 7  
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**30-0058265**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DUNGEY, MARY L  
ONE SAN JOSE PLAE  
SUITE 7  
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **DUNGEY, MARY L**  
STREET ADDRESS **12844 BAY PLANTATION DRIVE**  
CITY-STATE-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** ☐ Delete  
NAME **BRAREN, MICHAEL**  
STREET ADDRESS **3253 FIDDLERS HAMMOCK LANE**  
CITY-STATE-ZIP **POMTE VEDRA BEACH FL 32082**

TITLE **STD** ☐ Delete  
NAME **PASSMORE, DONNA L**  
STREET ADDRESS **2707 BISHOP ESTATES RD**  
CITY-STATE-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

**000000350482**  
**05/02/05-80107-009 61.25**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*M. Dungey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-05 904-268-9990**