

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006729

FILED
Mar 04, 2009
Secretary of State

Entity Name: HIDDEN OAKS RANCH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3086 HIDDEN OAKS DR
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

3086 HIDDEN OAKS DR
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 30-0058265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVIN, JOSEPH M
3066 HIDDEN OAKS DRIVE
MIDDLEBURG, FL 32068 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: PRES () Delete
Name: DEVIN, JOSEPH M
Address: 3066 HIDDEN OAKS DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: CARPENTER, DARRYL
Address: 3019 HIDDEN OAKS DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD () Delete
Name: TROTT, JAMES
Address: 3026 HIDDEN OAKS DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: TRES () Delete
Name: MARINELLI, JANTONETTE
Address: 3086 HIDDEN OAKS DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANTONETTE MARINELLI

TRES

03/04/2009

Electronic Signature of Signing Officer or Director

Date