

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01587

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

206 ELM AVENUE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1569  
SANFORD, FL 32772

**New Mailing Address:**

**FEI Number:** 59-2887697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL ABOUT MANAGEMENT, INC.  
206 ELM AVENUE  
SANFORD, FL 32771 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: VAUGHN, TINA  
Address: 645 STAFFORD TERRANCE #154  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP ( ) Change (X) Addition  
Name: RIVERA, EDWARD  
Address: 605 YOUNGSTOWN PKWY #44  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TREA ( ) Change (X) Addition  
Name: MEYER, TREVOR  
Address: 709 YOUNGSTOWN PKWY #367  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC ( ) Change (X) Addition  
Name: DAVIE, TERIE  
Address: 633 GREENCOVE TERRACE #143  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ANGELIA L. GORDON

RA

01/19/2009

Electronic Signature of Signing Officer or Director

Date