

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002449

FILED
Mar 27, 2008
Secretary of State

Entity Name: THE VILLAGE AT HIDDEN LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-0994896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 03/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LENNON, DAVID M
Address: 2031 ROBERTS POINTE DR
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: DONATO, JOSEPH
Address: 1710 N. VALRICO RD
City-St-Zip: DOVER, FL 33527

Title: SD () Delete
Name: BICE-EWER, LINDA
Address: 14306 NW 147TH CT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LENNON, DAVID M
Address: 2031 ROBERTS POINTE DR
City-St-Zip: WINDERMERE, FL 34786

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: DAVID M LENNON PD 03/27/2008

Electronic Signature of Signing Officer or Director Date