2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N04000007709

Entity Name: HIDDEN OAKS AT TEMPLE TERRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5439 BEAUMONT CENTER BLVD.
SUITE 1050
TAMPA, FL 33634

New Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

5439 BEAUMONT CENTER BLVD.
SUITE 1050
TAMPA, FL 33634

New Mailing Address:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

FEI Number: 20-1547801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORNE, THOMAS CHAD
289 BAYSIDE DRIVE
CLEARWATER BEACH, FL 337672504 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY
3434 COLWELL AVENUE
TAMPA, FL 33614 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: WILLIAM J. RIZZETTA 04/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HORNE, THOMAS C
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: VD ( ) Delete
Name: CORACE, PAUL H
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: STD ( ) Delete
Name: APARICIO, NICK
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/D (X) Change ( ) Addition
Name: HORNE, THOMAS C
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: ST/D (X) Change ( ) Addition
Name: CORACE, PAUL H
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

Title: P/D (X) Change ( ) Addition
Name: VALENTI, BETTY
Address: 5439 BEAUMONT CENTER BLVD. SUITE 1050
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BETTY VALENTI P/D 04/27/2005
Electronic Signature of Signing Officer or Director Date