

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

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1. Entity Name
HIDDEN MEADOWS OF ALACHUA COUNTY OWNERSHIP
ASSOCIATION, INC.



Principal Place of Business

4534 SW 105TH DR.
GAINESVILLE, FL 32608

Mailing Address

4534 SW 105TH DR.
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

52-2457912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUTCHER, KEITH A
4534 SW 105TH DR.
GAINESVILLE, FL 32608

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRUTCHER, KEITH A
STREET ADDRESS 4534 SW 105TH DR.
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE VD
NAME EDWARDS, GEORGE C III
STREET ADDRESS 2527 NW 66TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE STD
NAME EDWARDS, BETTY
STREET ADDRESS 2527 NW 66TH TERR.
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
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CITY-ST-ZIP

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01/05/07-800005-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Keith A. Crutcher PD Keith A. Crutcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/4/07

Daytime Phone #