

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # N04000011825

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**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2457912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUTCHER, KEITH A 4534 SW 105TH DR. GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, GEORGE C III 2527 NW 66TH TERR. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EDWARDS, BETTY 2527 NW 66TH TERR. GAINESVILLE, FL 32605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/08-80034-010 61.25

**DO NOT WRITE
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
Keith A. Crutcher

2/19/08
Date

352-264-7181
Daytime Phone #