

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90204 042 ****61.25

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DOCUMENT # N05000000654

1. Entity Name
**HIDDEN HILLS EXECUTIVE PARK OFFICE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**1639 BEACH BOULEVARD
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**1639 BEACH BOULEVARD
JACKSONVILLE BEACH, FL 32250 US**

2. Principal Place of Business
Signature Realty & Management, Inc.

Suite, Apt. #, etc.
4003 Hartley Rd.

City & State
Jacksonville, FL

Zip
32257

Country
USA

3. Mailing Address
Signature Realty & Management, Inc.

Suite, Apt. #, etc.
4003 Hartley Rd.

City & State
Jacksonville, FL

Zip
32257

Country
USA

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-2193515

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HATHAWAY, RICHARD G
115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082**

7. Name and Address of New Registered Agent

Name
Bryan Cantrell

Street Address (P.O. Box Numbers Not Acceptable)
Signature Realty & Mgmt.

City
4003 Hartley Road

City
Jacksonville

FL
32257

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 **Bryan Cantrell** DATE **4/17/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25**
Due by **May 1, 2006**

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JOHN B 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSEY, KENNETH A 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHERSPOON, DIANA 1639 BEACH BOULEVARD JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **J. Brian Phillips** **J. Brian Phillips** **4/3/06** **904-465-2905**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR