

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001022

FILED
Apr 01, 2008
Secretary of State

Entity Name: HIDDEN HOLLOW TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

13860 ALEXANDRIA CT
DAVIE, FL 333256516

New Principal Place of Business:

13860 ALEXANDRIA CT
DAVIE, FL 33325 US

Current Mailing Address:

13860 ALEXANDRIA CT
DAVIE, FL 333256516

New Mailing Address:

13860 ALEXANDRIA CT
DAVIE, FL 33325 US

FEI Number: 20-4063718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, JEFF
13860 ALEXANDRIA CT
DAVIE, FL 333256516 US

Name and Address of New Registered Agent:

EVANS, JEFF
13860 ALEXANDRIA CT
DAVIE, FL 33325 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:

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, JEFF
Address: 13860 ALEXANDRIA CT
City-St-Zip: DAVIE, FL 333256516

Title: VD () Delete
Name: EVANS, DORA
Address: 13860 ALEXANDRIA CT
City-St-Zip: DAVIE, FL 333256516

Title: STD () Delete
Name: EVANS, LINDA
Address: 330 S WAVERLY PLACE #10L
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EVANS, JEFF
Address: 13860 ALEXANDRIA CT
City-St-Zip: DAVIE, FL 33325 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: EVANS, JANICE
Address: 38 FOREST PARK DR.
City-St-Zip: VERO BEACH, FL 32960 US

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: JEFFREY L. EVANS

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date