

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007609

FILED  
Jan 08, 2008  
Secretary of State

**Entity Name:** HIDDEN CREEK ESTATES HOME OWNERS' ASSOCIATION INCORPORATED

**Current Principal Place of Business:**

6713 HIDDEN CREEK BLVD  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

6713 HIDDEN CREEK BLVD  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-4681061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINSER, PAUL J  
6713 HIDDEN CREEK BLVD  
ST AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LINSER, PAUL J  
Address: 6713 HIDDEN CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VP ( ) Delete  
Name: LOWE, NANCY  
Address: 929 EAGLE DR  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: S ( ) Delete  
Name: SELLARS, KATHY  
Address: 3737 HIDDEN CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: T ( ) Delete  
Name: LINSER, PAUL J  
Address: 6713 HIDDEN CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: PAUL LINSER

P

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date