

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000007609

**FILED**  
**Jan 08, 2010**  
**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  
Name: STONAKER, ROLAND H  
Address: 6741 HIDDEN CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VP  
Name: MCCALL, KAY  
Address: 905 EAGLE DR  
City-St-Zip: ST AUGUSTINE, FL 32086

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAUL J. LINSER

T

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date