

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003558

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** HIDDEN MEADOWS ON LOWER BRIDGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

508 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

508 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301

**FEI Number:** 20-8440328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN, CARLTON  
2065 THOMASVILLE ROAD  
TALLAHASSEE, FL 32308 US

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

TURNER HERITAGE HOMES  
508 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32301 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: DOUG TURNER

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEAN, CARLTON  
Address: 2065 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD (X) Delete  
Name: COPLAND, DAVID  
Address: 2065 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

Title: STD (X) Delete  
Name: DEAN, WILSON  
Address: 2065 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

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

Title: PD (X) Change ( ) Addition  
Name: TURNER, DOUG  
Address: 508 CAPITAL CIRCLE SE  
City-St-Zip: TALLAHASSEE, FL 32301

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: DOUG TURNER

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date