


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90031 030 \*\*\*\*61.25

DOCUMENT # N06000009222 1. Entity Name HIDDEN VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1 INDEPENDENT DRIVE SUITE 2200 JACKSONVILLE, FL 32202	Mailing Address 1 INDEPENDENT DRIVE SUITE 2200 JACKSONVILLE, FL 32202
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66002164



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8306944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HEEKIN LAW FIRM, P.A. 4540 SOUTHSIDE BLVD. SUITE 702 JACKSONVILLE, FL 32216
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEEKIN, J. PATRICK 1 INDEPENDENT DRIVE, SUITE 2200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEEKIN, T. GEOFFREY 1 INDEPENDENT DRIVE, SUITE 2200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURMS, CHERINE E 1 INDEPENDENT DRIVE, SUITE 2200 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* 2/28/08 904 355 7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #