2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N06000009222

Entity Name: HIDDEN VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1 INDEPENDENT DRIVE
SUITE 2200
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

1 INDEPENDENT DRIVE
SUITE 2200
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-8306944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEEKIN LAW FIRM, P.A.
4540 SOUTHSIDE BLVD.
SUITE 702
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HEEKIN, T. GEOFFREY
ONE INDEPENDENT DRIVE
SUITE 2200
JACKSONVILLE, FL 32202 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: T. GEOFFREY HEEKIN 04/27/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HEEKIN, J. PATRICK
Address: 1 INDEPENDENT DRIVE, SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: HEEKIN, T. GEOFFREY
Address: 1 INDEPENDENT DRIVE, SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: STURMS, CTHERINE E
Address: 1 INDEPENDENT DRIVE, SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: STURMS, CATHERINE E
Address: 1 INDEPENDENT DRIVE, SUITE 2200
City-St-Zip: JACKSONVILLE, FL 32202

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: T. GEOFFREY HEEKIN D 04/27/2009
Electronic Signature of Signing Officer or Director Date