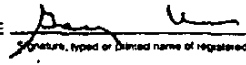


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-11-2008 90017 050 ****61.25

DOCUMENT # N07000005285					
1. Entity Name HIDDEN FOREST AT SILVER CREEK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701			Mailing Address 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box # 5151 Adanson Street, Suite 103 Orlando, Florida 32804			3. Mailing Address 5151 Adanson Street, Suite 103 Orlando, Florida 32804		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 26-2195736	
Zip 32701		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORDONEZ, LUSANT 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent PREMIER COMMUNITY MANAGERS, INC. 5151 Adanson Street, Suite 103 Orlando, Florida 32804	
				City FL	
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  2-27-08 (Signature, typed or printed name of registered agent and title if applicable) (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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORDONEZ, LUSANT 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORDONEZ, MARIHER 600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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:  3-5-08 457-688 575 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					