2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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1. Entity Name
HIDDEN FOREST AT SILVER CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701	600 SOUTH NORTHLAKE BLVD., SUITE 200 ALTAMONTE SPRINGS, FL 32701

02262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5151 Adanson Street, Suite 103 Orlando, Florida 32804	5151 Adanson Street, Suite 103 Orlando, Florida 32804
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-2195736 ☐ Applied For ☐ Not Applicable

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 Zip Code

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 [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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	☐ Change ☐ Addition
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	☐ Change ☐ Addition
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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] 3-5-08 407-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #