2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N07207

Entity Name: HIDDEN VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2796590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	PREVOST, RONALD	
Address:	939 FRAMLINGHAM CT #205	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	TD	( ) Delete
Name:	ARTERBURY, CORNELL	
Address:	1307 CHESSINGTON CIR	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VPD	( ) Delete
Name:	DARLING, SHARON	
Address:	964 HELMSLEY CT #104	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	SD	( ) Delete
Name:	BROYLES, RITA	
Address:	312 RIVER CHASE DR	
City-St-Zip:	ORLANDO, FL 32807	
Title:	D	(X) Delete
Name:	MASON, RONALD	
Address:	949 BIRD BAY CT #101	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	DARLING, SHARON	
Address:	507 N SUNDANCE DR	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	SD	(X) Change ( ) Addition
Name:	BROYLES, RITA	
Address:	19414 PALMVIEW ST	
City-St-Zip:	ORLANDO, FL 32833	
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: RONALD PREVOST PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date