

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09015

FILED
Apr 29, 2008
Secretary of State

Entity Name: HIDDEN OAKS OF JACKSONVILLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST E
STUIE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW STE
STE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2647248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING MANAGEMENT, INC.
6015 MORROW ST. E.
STE 107
JACKSONVILLE, FL 32217 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: WOLFE, JEANETTE
Address: 1950 PAINE AVE # 26
City-St-Zip: JACKSONVILLE, FL 32211

Title: VD () Delete
Name: RICKER, ALICE
Address: 1950 PAINE AVE. 54
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD () Delete
Name: SEARCY, KATHY
Address: 1950 PAINS AVE 51
City-St-Zip: JACKSONVILLE, FL 32211

Title: S (X) Delete
Name: MENARD, GERALD
Address: 1950 PAINE AVE 49
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'CONNER, PAT
Address: 1950 PAINE AVE # 70
City-St-Zip: JACKSONVILLE, FL 32211

Title: VPD (X) Change () Addition
Name: RICKER, ALICE
Address: 1950 PAINE AVE. 54
City-St-Zip: JACKSONVILLE, FL 32211

Title: TR (X) Change () Addition
Name: OLSSON, SUE
Address: P O BOX 11118
City-St-Zip: JACKSONVILLE, FL 32239

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: PAT O'CONNOR

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date