2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12651

FILED Apr 26, 2005 Secretary of State

Entity Name: THE VALLEY AT HIDDEN HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O TERRY BANNING 6015 MORROW ST. E STE 107 JACKSONVILLE, FL 32217				BANNING MANAGEMENT, INC 6015 MORROW ST. E STE 107 JACKSONVILLE, FL 32217			
Current Mailing Address:				New Mailing Address:			
C/O TERRY BANNING 6015 MORROW ST. E STE 107 JACKSONVILLE, FL 32217				BANNING MANAGEMENT INC 6015 MORROW ST. E STE 107 JACKSONVILLE, FL 32217			
FEI Number:	59-2612123	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	Surrent Registered Agent:		Name and	Address	of New Registered Agent:	
6015 MORI SUITE 107 JACKSON	VILLE, FL 322 named entity s		urpose o	BANNING 6015 MOR SUITE 107 JACKSON f changing i	ROW ST. I	E.	th,
		MANAGEMENT INC				04/26/2005	
SIGNATOR		ic Signature of Registered Age	nt				_
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECT	ORS
Title: Name: Address: City-St-Zip:	PD () ROBERTS, JOH 3947 MEADOW JACKSONVILLI	VIEW DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PARKER, JOHN 12006 ARBOR JACKSONVILLI	LAKE DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition JOHN 3OR LAKE DR /ILLE, FL 32225	
Title: Name: Address: City-St-Zip:	D () DELUCIA, RON 11895 ARBOR JACKSONVILLI	LAKE DR		Title: Name: Address: City-St-Zip:		(X) Change () Addition JERRY ADOWVIEW DRIVE SOUTH /ILLE, FL 32225	
Title: Name: Address: City-St-Zip:	D () CURRAN, SANI 3911 ARBOR L JACKSONVILLI	AKE DR. W		Title: Name: Address: City-St-Zip:		(X) Change()Addition LANA LEY GARDEN DRIVE /ILLE, FL 32225	
Title: Name: Address: City-St-Zip:	VD (X) HARTSFIELD, I 11891 ARBOR JACKSONVILLI	LAKE DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (X) KOVER, BARB 3976 HIGH PIN JACKSONVILLI			Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN ROBERTS PD 04/26/2005