

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12651

FILED
Apr 29, 2007
Secretary of State

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

Current Principal Place of Business:

BANNING MANAGEMENT, INC
6015 MORROW ST. E STE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

BANNING MANAGEMENT INC
6015 MORROW ST. E STE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2612123 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.
SUITE 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: ROBERTS, JOHN
Address: 3947 MEADOWVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: JARRELL, JERRY
Address: 12011 MEADOWVIEW DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD () Delete
Name: NORTON, LANA
Address: 11710 VALLEY GARDEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HARTSFIELD, BRANDT
Address: 11891 ARBOR LAKE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD (X) Change () Addition
Name: CURRAN, SANDRA
Address: 3911 ARBOR LAKE DR W
City-St-Zip: JACKSONVILLE, FL 32225

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: ROBERTS, JOHN

PD

04/29/2007

Electronic Signature of Signing Officer or Director

Date