




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 019 ****61.25

DOCUMENT # N16424					
1. Entity Name HIDDEN OAK ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 522093 LONGWOOD, FL 32752-9093			Mailing Address P.O. BOX 522093 LONGWOOD, FL 32752-9093		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2791646	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STANLEY, ANDREW 914 BUCKSAW PL LONGWOOD, FL 32750			Name Nonda Meng		
			Street Address (P.O. Box Number is Not Acceptable) 974 Bucksaw Place		
			City Longwood FL		
			Zip Code FL 32750		
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 		Nonda Meng		1-406	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DECARLO, RICK	NAME			
STREET ADDRESS	1011 CROSS OUT WAY	STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD, FL	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOWERS, JILL	NAME	Michelle Carpenter		
STREET ADDRESS	964 CROSS CUT WAY	STREET ADDRESS	1054 Cross Cutway		
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Longwood FL 32750		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANLEY, ANDREW	NAME	Tim Dolan		
STREET ADDRESS	914 BUCKSAW PL	STREET ADDRESS	1083 Cross Cutway		
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Longwood FL 32750		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RERUCHA, JIM	NAME	Brad Stoppel		
STREET ADDRESS	622 FLUME CT	STREET ADDRESS	1054 Cross Cutway		
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Longwood FL 32750 32750		
TITLE	DP <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FAUSNIGHT, SALLY	NAME	Susie Dolan		
STREET ADDRESS	965 BUCKSAW PLACE	STREET ADDRESS	1083 Cross Cutway		
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	Longwood FL 32750		
TITLE	<input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	Nonda Meng	NAME	Nonda Meng		
STREET ADDRESS	974 Bucksaw Pl.	STREET ADDRESS	974 Bucksaw Pl.		
CITY-ST-ZIP	Longwood FL 32750	CITY-ST-ZIP	Longwood FL 32750		
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: 		1-6-06		407-265-8032	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	