


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90015 030 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
**59-2791646**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**MENG, NONDA**  
**974 BUCKSAW PL**  
**LONGWOOD, FL 32750**

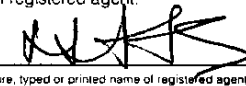
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **2/18/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May 20 Added to Fees

**Make check payable to Florida Department of State**

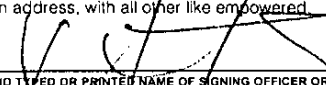
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DECARLO, RICK	
STREET ADDRESS	1011 CROSS OUT WAY	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER, MICHELLE	
STREET ADDRESS	1054 CROSS CUTWAY	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOLAN, TIM	
STREET ADDRESS	1083 CROSS CUTWAY	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOPPEL, BRAD	
STREET ADDRESS	1054 CROSS CUTWAY	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FAUSNIGHT, SALLY	
STREET ADDRESS	965 BUCKSAW PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOLAN, SUSIE	
STREET ADDRESS	1083 CROSS CUTWAY	
CITY-ST-ZIP	LONGWOOD, FL 32750	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Dolan -	
STREET ADDRESS	vice President	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nonda meng	
STREET ADDRESS	974 Bucksaw Pl	
CITY-ST-ZIP	Longwood FL 32750	Treasurer

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:  DATE: **2/18/07** DAYTIME PHONE #: **407 265 8032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR