
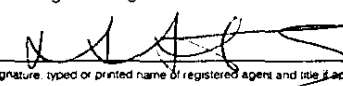
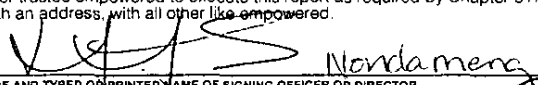


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90016 050 ****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.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2791646 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01262008 Chg-NP CR2E037 (12/06)	
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  1/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008					
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					
TITLE	P DECARLO, RICK	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1011 CROSS OUT WAY		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S CARPENTER, MICHELLE	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1054 CROSS CUTWAY		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP DOLAN, TIM	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1083 CROSS CUTWAY		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D STOPPEL, BRAD	<input checked="" type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1054 CROSS CUTWAY		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP FAUSNIGHT, SALLY	<input checked="" type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	965 BUCKSAW PLACE		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T MERY, NONDA	<input type="checkbox"/> Delete	TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	974 BUCKSAW PL		NAME	STREET ADDRESS	
STREET ADDRESS	LONGWOOD, FL 32750		STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Nondameng 1/27/08 407-353-4360 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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