

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16424

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: HIDDEN OAK ESTATES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 522093  
LONGWOOD, FL 327529093

**New Principal Place of Business:**

974 BUCKSAW PLACE  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 522093  
LONGWOOD, FL 327529093

**New Mailing Address:**

FEI Number: 59-2791646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENG, NONDA  
974 BUCKSAW PL  
LONGWOOD, FL 32750      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: P ( ) Delete  
Name: DECARLO, RICK  
Address: 1011 CROSS OUT WAY  
City-St-Zip: LONGWOOD, FL

Title: S ( ) Delete  
Name: CARPENTER, MICHELLE  
Address: 1054 CROSS CUTWAY  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: DOLAN, TIM  
Address: 1083 CROSS CUTWAY  
City-St-Zip: LONGWOOD, FL 32750

Title: DP (X) Delete  
Name: HAGAR, RICK  
Address: 1043 BUCK SAW PL  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: MERY, NONDA  
Address: 974 BUCKSAW PL  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: DETMER, DAVE  
Address: 969 CROSS CUTWAY  
City-St-Zip: LONGWOOD, FL 32750

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

Title: T (X) Change ( ) Addition  
Name: MENG, NONDA  
Address: 974 BUCKSAW PL  
City-St-Zip: LONGWOOD, FL 32750

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: NONDA MENG

T

01/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date