2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90044 042 ****61.25

DOCUMENT # N18333

1. Entity Name
HIDDEN CREEK OF SEBRING PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2525 HIDDEN CREEK CIRCLE SEBRING, FL 33870	2525 HIDDEN CREEK CIRCLE SEBRING, FL 33870

02092006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2550774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRANTZ, EARL R
2316 HIDDEN CREEK CIRCLE
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name LEEDY, RALPH R.
Street Address (P.O. Box Number is Not Acceptable)
2418 HIDDEN CREEK CIRCLE
City SEBRING FL Zip Code 33870

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 Ralph R. Leedy, RALPH R. LEEDY, 2/10/2006
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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BYRD, JIM 2200 HIDDEN CREEK CIR SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEEDY, RALPH R. 2418 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MITCHELL, DONALD L 2524 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUBER, ELTON A. 2218 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARPENTER, JOHN J 2415 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOWE, ALICE MARIAN DANES 2411 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D MARCHANT, MARGARET M 2412 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, BARBARA L. 2524 HIDDEN CREEK CIRCLE SEBRING, FL 33870	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Donald L. Mitchell, TREASURER 2/10/2006 (863) 382-6144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #