

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90039 039 ****61.25

DOCUMENT # N18333

1. Entity Name

HIDDEN CREEK OF SEBRING PROPERTY OWNERS'
ASSOCIATION, INC.



Principal Place of Business

2525 HIDDEN CREEK CIRCLE
SEBRING FL 33870

Mailing Address

2525 HIDDEN CREEK CIRCLE
SEBRING FL 33870

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

LEEDY, RALPH R.
2419 HIDDEN CREEK CIR
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELCHER, DON	
STREET ADDRESS	2300 HIDDEN CREEK CIR.	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAGHER, MARY C	
STREET ADDRESS	2530 HIDDEN CREEK CIR.	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GALLAGHER, DONALD W	
STREET ADDRESS	2530 HIDDEN CREEK CIR.	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	MARCHANT, MARGARET M	
STREET ADDRESS	2412 HIDDEN CREEK CIRCLE	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEEDY, RALPH R	
STREET ADDRESS	2418 HIDDEN CREEK CIR.	
CITY- ST- ZIP	SEBRING FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOUTEN, RON V	
STREET ADDRESS	2694 RODNEY ST.	
CITY- ST- ZIP	SEBRING FL 33872	

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	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER DONALD W.	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VICE PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RALPH R. LEEDY	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary C Gallagher Treasurer*

3/22/08