## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29481

Entity Name: HIDDEN OAKS ASSOCIATION, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O RALPH P. BRYAN
925-D NORTH TEMPLE AVENUE
C/O SUSAN FAULKNER-O'NEAL
205 NORTH TEMPLE AVENUE

STARKE, FL 32091 STARKE, FL 32091

Current Mailing Address: New Mailing Address:

20725 SW 46TH AVENUE NEWBERRY, FL 32669 US

FEI Number: 59-2961420 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BRYAN, RALPH P. SUSAN FAULKNER-O'NEAL 925-D NORTH TEMPLE AVENUE 205 NORTH TEMPLE AVENUE STARKE EL 2004

STARKE, FL 32091 STARKE, FL 32091

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: SUSAN FAULKNER-O'NEAL 04/15/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: D (X)Change ()Addition

 Name:
 DAVIS, RONNIE C.,
 Name:
 DAVIS, NORTIA V,

 Address:
 5700 SW 34 ST.,#1307
 Address:
 5700 SW 34 ST.,#1307

 City-St-Zip:
 GAINESVILLE, FL
 City-St-Zip:
 GAINESVILLE, FL

Title: () Delete Title: (X) Change ( ) Addition SHAW, EUGENE F. Name: Name: SUSAN FAULKNER-O'NEA, L Address: 925-E NORTH TEMPLE AVE. Address: 205 NORTH TEMPLE AVE. City-St-Zip: STARKE, FL City-St-Zip: STARKE, FL 32091

Title: () Delete Title: (X) Change ( ) Addition BRYAN, RALPH, Name: DAVIS, STEFAN M, Name: 925-D NORTH TEMPLE AVE. 20725 SW 46 AVENUE Address: Address: City-St-Zip: STARKE, FL City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEFAN M. DAVIS D 04/15/2004