

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29481**

1. Entity Name  
**HIDDEN OAKS ASSOCIATION, INC.**



Principal Place of Business  
**C/O SUSAN FAULKNER-O'NEAL  
205 NORTH TEMPLE AVENUE  
STARKE, FL 32091**

Mailing Address  
**20725 SW 46TH AVENUE  
NEWBERRY, FL 32669 US**

**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2961420**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUSAN FAULKNER-O'NEAL  
205 NORTH TEMPLE AVENUE  
STARKE, FL 32091**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DAVIS, NORTIA V
STREET ADDRESS	5700 SW 34 ST., #1307
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	SUSAN FAULKNER-O'NEAL
STREET ADDRESS	205 NORTH TEMPLE AVE.
CITY-ST-ZIP	STARKE, FL 32091
TITLE	D
NAME	DAVIS, STEFAN M
STREET ADDRESS	20725 SW 46 AVENUE
CITY-ST-ZIP	NEWBERRY, FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

03/21/05-80057-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-18-05 495-1139**