

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N31833

1. Entity Name
**HIDDEN OAKS HOMEOWNERS' ASSOCIATION OF
INDIAN RIVER COUNTY, INC.**



Principal Place of Business
**112 38TH COURT
VERO BEACH, FL 32968 US**

Mailing Address
**2046 TREASURE COAST PLAZA
STE A #113
VERO BEACH, FL 32960 US**

DO NOT WRITE IN THIS SPACE

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0577876

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TURNER, SCOTT
112 38TH COURT
VERO BEACH, FL 32968**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOZIEL, ELAINE
STREET ADDRESS	133 38TH CT
CITY- ST- ZIP	VERO BEACH, FL 32968
TITLE	V
NAME	SALTZ, DEL
STREET ADDRESS	3870 1ST LANE
CITY- ST- ZIP	VERO BEACH, FL 32968
TITLE	T
NAME	PETRULAK, LISA
STREET ADDRESS	101 38TH CT
CITY- ST- ZIP	VERO BEACH, FL 32968
TITLE	S
NAME	PETTIGREW, MARY
STREET ADDRESS	132 38TH CT
CITY- ST- ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000954271
07/11/08-80007-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/08
Date

772-569-3697
Daytime Phone #