

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31833

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

112 38TH COURT
VERO BEACH, FL 32968 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0577876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PETRULAK, LISA M
101 38TH CT
VERO BEACH, FL 32968 US

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: LISA M. PETRULAK

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOZIEL, ELAINE
Address: 133 38TH CT
City-St-Zip: VERO BEACH, FL 32968

Title: V () Delete
Name: SALTZ, DEL
Address: 3870 1ST LANE
City-St-Zip: VERO BEACH, FL 32968

Title: T () Delete
Name: PETRULAK, LISA
Address: 101 38TH CT
City-St-Zip: VERO BEACH, FL 32968

Title: S () Delete
Name: PETTIGREW, MARY
Address: 132 38TH CT
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA M. PETRULAK

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04/02/2009

Electronic Signature of Signing Officer or Director

Date