

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N33811

FILED
Nov 19, 2004
Secretary of State**Entity Name:** HIDDEN GLEN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2418 LIELA LEE CT.
OCOEE, FL 34761 US**New Principal Place of Business:**2414 KALCH CT.
OCOEE, FL 34761 US**Current Mailing Address:**2418 LIELA LEE CT.
OCOEE, FL 34761 US**New Mailing Address:**2415 KALCH CT.
OCOEE, FL 34761 US**FEI Number:** 59-3079347 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**EDEN, DAVE
2418 LIELA LEE CT
OCOEE, FL 34761 US**Name and Address of New Registered Agent:**EVANS, JACK
2414 KALCH CT
OCOEE, FL 34761 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: JACK EVANS

11/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: EDEN, DAVE
Address: 2418 LIELA LEE CT.
City-St-Zip: OCOEE, FL 34761Title: DVP () Delete
Name: EVANS, JACK
Address: 2414 KALCH CT.
City-St-Zip: OCOEE, FL 34761 USTitle: DS () Delete
Name: MARKLE, KATHREIN
Address: 2422 LIELA LEE CT.
City-St-Zip: OCOEE, FL 34761 USTitle: DT () Delete
Name: LAFLEUR, NANCY
Address: 2415 LIELA LEE CT.
City-St-Zip: OCOEE, FL 34761 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: EVANS, JACK
Address: 2414 KALCH CT.
City-St-Zip: OCOEE, FL 34761Title: DVP (X) Change () Addition
Name: MANN, TAMI
Address: 2417 LIELA LEE CT.
City-St-Zip: OCOEE, FL 34761 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: DT (X) Change () Addition
Name: DAVIDSON, COLLEEN
Address: 2415 KALCH CT.
City-St-Zip: OCOEE, FL 34761 US

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: JACK EVANS

DP

11/19/2004

Electronic Signature of Signing Officer or Director

Date