

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90029 018 \*\*\*\*61.25

<b>DOCUMENT # N33971</b>
<b>1. Entity Name</b> HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.

<b>Principal Place of Business</b> 500 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32952 US	<b>Mailing Address</b> 500 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32952 US
---	---

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01262005 Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-3008987	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  HALL, SARA K 500 HIDDEN HOLLOW DR MERRITT ISLAND, FL 32952	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

**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 May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> STALNAKER, GAIL <b>STREET ADDRESS</b> 572 HIDDEN HOLLOW DR <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> HALL, TOXEY <b>STREET ADDRESS</b> 500 HIDDEN HOLLOW DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> REDERICKA, JURA <b>STREET ADDRESS</b> 564 HIDDEN HOLLOW DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP <b>NAME</b> JURA, FREDERICKA <b>STREET ADDRESS</b> 564 HIDDEN HOLLOW DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> HALL, SARA K <b>STREET ADDRESS</b> 500 HIDDEN HOLLOW DR <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> JONES, DARLENE <b>STREET ADDRESS</b> 579 HIDDEN HOLLOW DR <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SD <b>NAME</b> STALNAKER, RANDY <b>STREET ADDRESS</b> 572 HIDDEN HOLLOW DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> MOODY, CHRIS <b>STREET ADDRESS</b> 524 HIDDEN HOLLOW DR <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SD <b>NAME</b> JONES, JERRY <b>STREET ADDRESS</b> 579 HIDDEN HOLLOW DR. <b>CITY-ST-ZIP</b> MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> ---	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> ---	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Sara K. Hall SARA K. HALL 2-22-05 321-453-5223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #