

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33971

FILED
Jan 04, 2007
Secretary of State

Entity Name: HIDDEN HOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

539 HIDDEN HOLLOW DR
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

539 HIDDEN HOLLOW DR
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-3008987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANADA, GENE
539 HIDDEN HOLLOW DR
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HALL, TOXEY
Address: 500 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: SCOTT, RANDY
Address: 571 HIDDEN HOLLOW DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: CANADA, GENE
Address: 539 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: STALNAKER, RANDY
Address: 572 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: JONES, JERRY
Address: 579 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, DAVE
Address: 599 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

Title: SD (X) Change () Addition
Name: LATTIMER, ELLIS
Address: 598 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD (X) Change () Addition
Name: MOLETZ, SUZANNE
Address: 587 HIDDEN HOLLOW DR
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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: GENE CANADA

TRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date