

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35540

FILED
Mar 12, 2008
Secretary of State

Entity Name: HIDDEN VALLEY HOMEOWNERS ASSOCIATION OF ESCAMBIA COUNTY, INC.

Current Principal Place of Business:

900 CANDY LN
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

900 CANDY LN
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-3010724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, WILLIAM K., JR.
900 CANDY LN
CANTONMENT, FL 32533 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: D () Delete
Name: HICKS, WILLIAM K., J, R
Address: 900 CANDY LN
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: FOURNIER, ROBERT N.,
Address: 969 CANDY LANE
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: NORTON, SHERRY
Address: 838 CANDY LN
City-St-Zip: CANTONMENT, FL 32533

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:

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: WILLIAM K. HICKS, JR

D

03/12/2008

Electronic Signature of Signing Officer or Director

Date