

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90071 013 \*\*\*\*61.25



|  |                     |  |   |  |  |
|--|---------------------|--|---|--|--|
| <b>DOCUMENT # N38330</b>   |                     |  |   | 1. Entity Name<br>HIDDEN OAKS OF MANATEE COUNTY HOMEOWNERS' ASSOCIATION, INC.            |  |
| Principal Place of Business<br>P O BOX 20027<br>BRADENTON, FL 34204 US   |                     | Mailing Address<br>P O BOX 20027<br>BRADENTON, FL 34204 US                       |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                     | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                     | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                     | City & State   |   | 4. FEI Number<br>65-0203740  |  |
| Zip  |                     | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                     |  |   | 7. Name and Address of New Registered Agent  |  |
| FLANAGAN, JOHN R<br>2831 RINGLING BLVD #204 B<br>SARASOTA, FL 34237  |                     |  |   | Name   |  |
|  |                     |  |   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|  |                     |  |   | City   |  |
|  |                     |  |   | State: <b>FL</b> 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 _____  |                     |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |                     |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE  | T                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | KELLER, JAMES T     |  | NAME  |  |  |
| STREET ADDRESS   | 12916 7TH AVE NE    |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34212 |  | CITY-ST-ZIP   |  |  |
| TITLE  | P                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | BAYER, DENNIS       |  | NAME  |  |  |
| STREET ADDRESS   | 603 129TH ST NE     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34212 |  | CITY-ST-ZIP   |  |  |
| TITLE  | V                   | <input checked="" type="checkbox"/> Delete                                       | TITLE   | <input type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition |
| NAME   | BUHLER, JOHN        |  | NAME  | DIRECTOR   |  |
| STREET ADDRESS   | 515 130TH CT NE     |  | STREET ADDRESS  | SCHAPPACHER, MARY JANE   |  |
| CITY-ST-ZIP  | BRADENTON, FL 34212 |  | CITY-ST-ZIP   | 608 129TH ST. NE   |  |
| TITLE  | D                   | <input type="checkbox"/> Delete  | TITLE   | VIC- PRESIDENT   | <input checked="" type="checkbox"/> Change   |
| NAME   | BARBER, DOUGLAS J   |  | NAME  | BARBER, DOUGLAS J  |  |
| STREET ADDRESS   | 12806 7TH AVE NE    |  | STREET ADDRESS  | 12806 7TH AVE NE   |  |
| CITY-ST-ZIP  | BRADENTON, FL 34212 |  | CITY-ST-ZIP   | BRADENTON, FL 34212  |  |
| TITLE  | S                   | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | SHACKLEFORD, GITTA  |  | NAME  |  |  |
| STREET ADDRESS   | 12813 7TH AVE NE    |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34212 |  | CITY-ST-ZIP   |  |  |
| TITLE  |                     | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   |                     |  | NAME  |  |  |
| STREET ADDRESS   |                     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                     |  | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James T. Keller</u>  |                     | JAMES T. KELLER  |   | 4-16-07 941-714-0513   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                     | Date   |   | Daytime Phone #  |  |