2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # N38330 1. Entity Name HIDDEN OAKS OF MANATEE COUNTY HOMEOWNERS' ASSOCIATION, INC.							05-02-2008	90151 018	3 ****61.:	25	
Principal Place of Business Mailing Address P 0 B0X 20027 P 0 B0X 20027 BRADENTON, FL 34204 US BRADENTON, FL 34204 US					6						
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008	Chg-NP	CR2E03	7 (12/06)			
City & State		City & State				4. FEI Numbe 65-0203				pplied For ot Applicable	
Zip	Country	Zip	·	Country		5. Certificate	of Status Desired		\$8.75 Add	litional	
	6. Name and Address of Current	Registered Ag	jent			7. Name and	Address of New	Registered A	lgent		
ELANACA	N IOUN D			Name							
FLANAGAN, JOHN R 2831 RINGLING BLVD #204 B SARASOTA. FL 34237				Street	Street Address (P.O. Box Number is Not Acceptable)						
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	e traje			City				FL	Zip Cod	e	
	named entity submits this statement follows of registered agent.	or the purpose o	of changing its re	egistered office of	or registere	ed agent, or both	h, in the State of F	lorida. I am f	amillar with,	and accept	
SIGNATURE											
0.0.0	Signature, typed or printed name of registered agent	t and title if applicable	. (NOTE: R	Registered Agent signi	sture required	when reinstating)		DATE			
	Filing Fee is \$61.25	g	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees					
	Due by May 1, 2008		•	-							
10.	Due by May 1, 2008 OFFICERS AND D		•	-	U	Added to Fees		rida Depari	TECTORS IN	tate	
MLE	OFFICERS AND DE	RECTORS	•	ntribution.	U	Added to Fees	Fio	rida Depari	tment of St	tate	
TITLE NAME	OFFICERS AND DE T KELLER, JAMES T	RECTORS	Trust Fund Cor	11. TITLE NAME	U	Added to Fees	Fio	rida Depari	TECTORS IN	110	
MLE	OFFICERS AND DE	RECTORS	Trust Fund Cor	ntribution.	U	Added to Fees	Fio	rida Depari	TECTORS IN	110	
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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:

LINE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat

941-714-09