

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38884

FILED  
Apr 09, 2008  
Secretary of State

**Entity Name:** HIDDEN HILLS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

463499 SR 200  
YULEE, FL 32097 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1987  
YULEE, FL 32041 US

**New Mailing Address:**

**FEI Number:** 59-3033107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROPERTY MANAGEMENT SYSTEMS, INC  
463499 SR 200  
YULEE, FL 32097 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: P ( ) Delete  
Name: PAPPAS, CAROL  
Address: 11643 HIDDEN HILLS DRIVE S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete  
Name: LIPPERT, DOUGLAS  
Address: 11636 SHERBORNE CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T ( ) Delete  
Name: WHITE, MARGARET  
Address: 4389 SPRINGMOOR SIX CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete  
Name: RIMMER, MARTHA  
Address: 11620 SHERBORNE CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: BM (X) Delete  
Name: CHAMPION, MALCOLM L JR  
Address: 12128 SPRINGMOOR NINE CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: BM (X) Delete  
Name: HAYS, MICHAEL  
Address: 11869 HIDDEN HILLS DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: T (X) Change ( ) Addition  
Name: GORDON, THOMAS K  
Address: 12133 SPRINGMOOR NINE CT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Change ( ) Addition  
Name: GARRETT, DAVID  
Address: 4125 STOWE RUN LANE  
City-St-Zip: JACKSONVILLE, FL 32225

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: TERRELL W POWELL

RA

04/09/2008

Electronic Signature of Signing Officer or Director

Date