

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40309

FILED
Apr 09, 2009
Secretary of State

Entity Name: HIDDEN OAKS OF PONTE VEDRA ASSOCIATION, INC.

Current Principal Place of Business:

200 EXECUTIVE WAY, SUITE 111
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

151 SAWGRASS CORNERS DRIVE
SUITE 204 G
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

200 EXECUTIVE WAY, SUITE 111
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

PO BOX 2055
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-3171016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, JOHN T
200 EXECUTIVE WAY, SUITE 111
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

EWING, JOHN T
151 SAWGRASS CORNERS DRIVE
SUITE 204 G
PONTE VEDRA, FL 32082 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CUNNELLY, MARCI
Address: 200 OAK PT CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: BARNHARD, SARAH
Address: 117 OAKVIEW CIR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Delete
Name: ROMANO, CHRIS
Address: 109 OAK VIEW CIR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: SULLIVAN, MAUREEN
Address: 144 OAK VIEW CIR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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:

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: CHRIS ROMANO

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date