

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90008 009 ****70.00

DOCUMENT # N94000002472 1. Entity Name HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 3599 UNIVERSITY BLVD STE A JACKSONVILLE, FL 32216 US			Mailing Address 3599 UNIVERSITY BLVD STE A JACKSONVILLE, FL 32216 US		
2. Principal Place of Business - No P.O. Box # 4574 S.E. 3rd Place		3. Mailing Address 4574 S.E. 3rd Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Keystone Heights, FL		City & State Keystone Heights, FL		4. FEI Number 59-3308169	
Zip 32656		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32656		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REINSCHMIDT, TIMOTHY W 3599 UNIVERSITY BLVD S STE B STE B JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name David J. Kirkland Street Address (P.O. Box Number is Not Acceptable) 4574 S.E. 3rd Place City Keystone Heights FL Zip Code 32656		
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 <u>David J. Kirkland (President)</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
7-25-07 DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HINLEY, ALEX 4517 SE 3RD PLACE KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REDFEAVN, MICHAEL PO BOX 81 KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REINSCHMIDT, TIMOTHY W 3599 UNIVERSITY BLVD., SUITE A JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P David J. Kirkland 4574 S.E. 3rd Place Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/VP Frank Sanders 4589 S.E. 3rd Place Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Gale Hockman 4617 S.E. 3rd Place Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Roger Crase 4542 S.E. 3rd Place Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joseph H. Veates 4688 S.E. 3rd Place Keystone Heights, FL 32656	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: David J. Kirkland <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
7-25-07 352/745-0963 <small>Date Daytime Phone #</small>					