

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003653

FILED
Apr 07, 2008
Secretary of State

Entity Name: HIDDEN OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3338637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR

04/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HOLLOWAY, MARK
Address: 4502 HIDDEN SHADOW DR
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: HARDIN, ELIZABETH
Address: 4523 HIDDEN SHADOW DR
City-St-Zip: TAMPA, FL 33614

Title: TD () Delete
Name: DAUBERT, KEVIN
Address: 4603 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

Title: SD () Delete
Name: ORTIZ, PEGGY
Address: 4643 HIDDEN SHADOW DR
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: GARCIA, JEANETTE
Address: 4526 HIDDEN SHADOW DRIVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CROFOOT, MARK
Address: 4423 HIDDEN SHADOW DR
City-St-Zip: TAMPA, FL 33614

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: ELIZABETH HARDIN

PD

04/07/2008

Electronic Signature of Signing Officer or Director

Date