

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/7/06 COA 9560


FILED

2006 JUL 17 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/06 90216 001 6125



DOCUMENT # N96000003349			
1. Entity Name HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 4250 ALAFAYA TR., STE. 212 PMB 345 OVIDO, FL 32765		Mailing Address 4250 ALAFAYA TR., STE. 212 PMB 345 OVIDO, FL 32765	
2. Principal Place of Business Suite, Apt. #, etc. 212-345		3. Mailing Address Suite, Apt. #, etc. 212-345	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765		Country	
6. Name and Address of Current Registered Agent RELIABLE PROPERTY MANAGERS 4250 ALAFAYA TR., STE. 212 PMB 345 OVIDO, FL 32765		7. Name and Address of New Registered Agent Name Lilly Burnside c/o Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) 4250 Alafaya Tr., Suite 212-345 City Oviedo FL Zip Code 32765	
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 <i>Lilly S. Burnside</i> Signature, typed or printed name of registered agent and title if applicable.		DATE 07/13/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JACOBS, DONNA 1043 LAKE BISCAYNE WAY ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KOHSMANN, LAUREN 832 LAKE BISCAYNE WAY ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DELGADO, JOSE 15017 LAKE AZURE DRIVE ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Keeki Bashillo 1414 Cranes Nest Ct. Orlando, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>B 7/20/06</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Jose A. Delgado</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/30/06 Date	
		Daytime Phone # 407-443-4704	