

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90096 008 \*\*\*\*61.50



**DOCUMENT # N96000003349**  
1. Entity Name  
**HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**4250 ALAFAYA TR., STE. 212-345  
OVIEDO, FL 32765**

Mailing Address  
**4250 ALAFAYA TR., STE. 212-345  
OVIEDO, FL 32765**



2. Principal Place of Business - No P.O. Box #  
**5205 S. ORANGE AVENUE**

3. Mailing Address  
**5205 S. ORANGE AVENUE**

Suite, Apt. #, etc.  
**D**

Suite, Apt. #, etc.  
**D**

01082007 Chg-NP CR2E037 (12/06)

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

4. FEI Number  
**59-3431330**

Applied For  
 Not Applicable

Zip  
**32809**

Country  
**USA**

Zip  
**32809**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HOUSE OF MANAGEMENT ENTERPRISES FOR  
COMMUNITY ASSOCIATIONS, INC.  
5205 S ORANGE AVENUE, SUITE D  
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>DVP JACOBS, DONNA 1043 LAKE BISCAYNE WAY ORLANDO, FL 32824</b> <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	<b>DT KOHSMANN, LAUREN 832 LAKE BISCAYNE WAY ORLANDO, FL 32824</b> <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	<b>DP DELGADO, JOSE 15017 LAKE AZURE DRIVE ORLANDO, FL 32824</b> <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	<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	<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	<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:** *Jose A. Delgado* **Jose A. Delgado** 1/12/07 321 207 3367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #