2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003349

1. Entity Name
HIDDEN/LAKES AT MEADOW WOODS HOMEOWNERS'



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

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

ASSOCIATION, INC.										
4250 ALAFAYA TR., STE. 212-345 425		4250	ailing Address 1250 ALAFAYA TR., STE, 212-345 VVIEDO, FL 32765				-			
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\		3. Mailir	Mailing Address							
5205 S. ORANGE AVENUE Suite, Apt. #, etc.		5205 S. ORANGE AVENUE Suite, Apt. #, etc.								
D D	π, ειc.	D	s, Apr. #, etc.			01082007	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Numbe	1330		 	pplied For	
ORLANDO, FL Zip Country		ORLANDO, FL Zip Country			59-3431330 Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
32809	USA	32809	,	USA	l .	5. Certificate	of Status Desir	red 🗌	Fee Require	Jitional ed
	6. Name and Address of Current	Registered	l Agent			7. Name and	Address of N	ew Registere	d Agent	
HOUSE O	F MANAGEMENT ENTERPRI	SES FOR	₹	Ì	Name					
COMMUNITY ASSOCIATIONS, INC. 5205 S ORANGE AVENUE, SUITE D					Street Address	ess (P.O. Box Number is Not Acceptable)				
), FL 32809									
				-	City			F	L Zip Cod	le
	named entity submits this statement for	or the purpo	se of changing its re	egistered	d office or registe	ered agent, or bot	h, in the State	of Florida. Ta	m familiar with,	, and accept
the obligat	tions of registered agent.									
SIGNATURE .										
		14			Appet ciaceture require			DATI		
	. Signature, typed or printed name of registered agent	t and title it appli	cable. (NOTE: F	Registered /	Agont signature require	ed when reinstating)		UATI	=	ĺ
	Filing Fee is \$61.25 Due by May 1, 2007	t and title it appli	9. Election Camp Trust Fund Cor	aign Fin	nancing _	\$5.00 May B Added to Fees	e	Make che	eck payable t	1
10.	Filing Fee is \$61.25		9. Election Camp	aign Fin	nancing _	\$5.00 May B		Make che Florida Dep	eck payable t artment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI		9. Election Camp	paign Fin intributio	nancing _	\$5.00 May B		Make che Florida Dep	eck payable t artment of S	tate
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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:

321 207 3367