

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2009  
Secretary of State**

DOCUMENT# N96000003349

Entity Name: HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WE SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**Current Mailing Address:**

2180 WE SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

FEI Number: 59-3431330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
%SENTRY MANAGEMENT, INC.  
2180 W SR. 434, STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: BRAXTON, CARLA  
Address: 14911 LAKE AZURE DR  
City-St-Zip: ORLANDO, FL 32824

Title: DT ( ) Delete  
Name: GACULA, HELEN A  
Address: 1212 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: DP ( ) Delete  
Name: COLON, SAMUEL A  
Address: 1338 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: S (X) Delete  
Name: MEANY, EVELYN A  
Address: 644 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Delete  
Name: DIAZ, AIDA  
Address: 1342 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: MEANY, EVA  
Address: 644 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

Title: TSD (X) Change ( ) Addition  
Name: TORRES, MARICELA  
Address: 910 LAKE BISCAYNE WAY  
City-St-Zip: ORLANDO, FL 32824

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: SAMMY COLON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date