

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001781

FILED
Apr 16, 2006
Secretary of State

Entity Name: HIDDEN HAMMOCK ESTATES OF ROCKLEDGE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

P.O. BOX 560522
ROCKLEDGE, FL 32956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560522
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 27-7564405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANNE B
1200 HIDDEN HAMMOCK CT
ROCKLEDGE, FL 32955 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: PD () Delete
Name: COLEMAN, ANNE B
Address: 1200 HIDDEN HAMMOCK CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: MINAKUSA, DEAN
Address: 1204 HIDDEN HAMMOCK CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: TD () Delete
Name: FREDRICKSON, TODD
Address: 1201 HIDDEN HAMMOCK CT
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD () Delete
Name: KICKBURCH, JOEL
Address: 1335 GEM CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SD (X) Change () Addition
Name: KICKBURCH, TRACEY
Address: 1335 GEM CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD FREDRICKSON

TD

04/16/2006

Electronic Signature of Signing Officer or Director

Date