

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90019 002 ****61.50

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1. Entity Name
HIDDEN HILLS OF CLERMONT, INC.



Principal Place of Business
1969 S. ALAFAYA TRAIL, #327
ORLANDO, FL 32828 US

Mailing Address
1969 S. ALAFAYA TRAIL, #327
ORLANDO, FL 32828

50000449



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

59-1872486

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 COMMUN
1969 S. ALAFAYA TRAIL, #327
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name

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

5205 S. ORANGE AVENUE, SUITE D

City

ORLANDO

FL

Zip Code

32809

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☐ Delete
NAME **SUMMERS, KEITH**
STREET ADDRESS **10234 SUMMER ELM AVENUE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **V** ☒ Delete
NAME **GRECO, ALFREDO**
STREET ADDRESS **11307 AUTUMN WIND LOOP**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **T** ☒ Delete
NAME **DUNBAR, DORI**
STREET ADDRESS **11326 AUTUMN WIND LOOP**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **S** ☐ Delete
NAME **HERBART, RUIZ**
STREET ADDRESS **10226 SUMMER ELM AVENUE**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **-** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Change ☒ Addition
NAME **CHRIS ASCOLESE**
STREET ADDRESS **11231 AUTUMN WIND LOOP**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **DS** ☐ Change ☒ Addition
NAME **DEXTER GOPAUL**
STREET ADDRESS **11237 AUTUMN WIND LOOP**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **DT** ☐ Change ☒ Addition
NAME **BARBARA SQUIRRELL**
STREET ADDRESS **11551 AUTUMN WIND LOOP**
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Keith Summers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #