

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000002185

1. Entity Name
HIDDEN HILLS OF CLERMONT, INC.



Principal Place of Business
5205 S ORANGE AVE STE D
ORLANDO, FL 32809 US

Mailing Address
5205 S ORANGE AVE STE D
ORLANDO, FL 32809



01072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1872486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUN
5205 S ORANGE AVE STE D
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMMERS, KEITH 10234 SUMMER ELM AVENUE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASCOLESE, CHRIS 11231 AUTUMN WIND LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOPAUL, DEXTER 11237 AUTUMN WIND LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SQUIRRELL, BARBARA 11551 AUTUMN WIND LOOP CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Summers KEITH SUMMERS

1-10-08
Date Daytime Phone #