

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002185

FILED
Jan 05, 2009
Secretary of State

Entity Name: HIDDEN HILLS OF CLERMONT, INC.

Current Principal Place of Business:

5205 S ORANGE AVE STE D
ORLANDO, FL 32809 US

New Principal Place of Business:

5205 S ORANGE AVE STE 206
ORLANDO, FL 32809 US

Current Mailing Address:

5205 S ORANGE AVE STE D
ORLANDO, FL 32809

New Mailing Address:

5205 S ORANGE AVE STE 206
ORLANDO, FL 32809 US

FEI Number: 59-1872486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUN
5205 S ORANGE AVE STE 206
ORLANDO, FL 32809 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SUMMERS, KEITH
Address: 10234 SUMMER ELM AVENUE
City-St-Zip: CLERMONT, FL 34711 US

Title: DV () Delete
Name: ASCOLESE, CHRIS
Address: 11231 AUTUMN WIND LOOP
City-St-Zip: CLERMONT, FL 34711 US

Title: DS () Delete
Name: GOPAUL, DEXTER
Address: 11237 AUTUMN WIND LOOP
City-St-Zip: CLERMONT, FL 34711 US

Title: DT (X) Delete
Name: SQUIRRELL, BARBARA
Address: 11551 AUTUMN WIND LOOP
City-St-Zip: CLERMONT, FL 34711 US

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: () 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: KEITH SUMMERS

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date