2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90045 039 ****61.25

DOCUMENT # N98000003219

1. Entity Name
HIDDEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 SOUTH MAIN STREET BROOKSVILLE, FL 34601	101 SOUTH MAIN STREET BROOKSVILLE, FL 34601

2. Principal Place of Business	3. Mailing Address
C/O MCNEIL	C/O MCNEIL
Suite, Apt. #, etc. 1466 FERGASON AVE.	Suite, Apt. #, etc. 1466 FERGASON AVE.
City & State SPRING HILL FL	City & State SPRING HILL FL
Zip 34609 Country USA	Zip 34609 Country USA

01212004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3587210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASON, JOSEPH M JR 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601	Name MARIA DEL CARMEN MCNEIL Street Address (P.O. Box Number is Not Acceptable) 1466 FERGASON AVE. City SPRING HILL FL Zip Code 34609

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 Maria Del Carmen McNeil January 23, 2004
Signature required of newly designated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

MARIA DEL CARMEN MCNEIL

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT BUCKNER, ROBERT A 11 NORTH MAIN STREET BROOKSVILLE, FL 34601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RICHARD OWEN 19403 HIDDEN OAKS DR. BROOKSVILLE FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS KIMBROUGH, JAMES H JR 706 MOLINE STREET BROOKSVILLE, FL 34601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV RICHARD HOTCHKISS 19286 QUIET LANE BROOKSVILLE FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVSD MASON, JOSEPH M JR 101 SOUTH MAIN STREET BROOKSVILLE, FL 34601	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RICHARD ORTIZ 2490 LOST PINE TRAIL BROOKSVILLE, FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARIA DEL CARMEN MCNEIL 1466 FERGASON AVE. SPRING HILL FL 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Maria Del Carmen McNeil January 23, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARIA DEL CARMEN MCNEIL 813-493-6436