2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90132 026 ****61.25

DOCUMENT # N98000003219

1. Entity Name

HIDDEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
1466 FERGASON AVE. SPRING HILL FL 34609	1466 FERGASON AVE. SPRING HILL FL 34609

2. Principal Place of Business	3. Mailing Address
P.O. BOX 15206	P.O. BOX 15206
Suite, Apt. #, etc.	Suite, Apt. #, etc.
BROOKSVILLE, FL	
City & State	City & State: BROOKSVILLE, FL
Zip: 34604 Country: HERNANDO	Zip: 34604 Country: HERNANDO

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

MCNEIL, MARIA DEL CARM
1466 FERGASON AVE.
SPRING HILL FL 34609

PLEASE CORRECT NAME

7. Name and Address of New Registered Agent

Name: MARIA DEL CARMEN MCNEIL
Street Address (P.O. Box Number is Not Acceptable): 2380 LOST PINE TRAIL
City: BROOKSVILLE FL Zip Code: 34604

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] - MARIA DEL CARMEN MCNEIL DATE: 3/08/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	DP OWEN, RICHARD - SAME ~~19403 HIDDEN OAKS DR.~~ ~~BROOKSVILLE FL 34604~~	☐ Delete	- SAME SAME P.O. BOX 15206 BROOKSVILLE, FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOTCHKISS, RICHARD 19286 QUIET LANE BROOKSVILLE FL 34604	☑ Delete	DV ANGELA WASHBURN P.O. BOX 15206 BROOKSVILLE, FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ORTIZ, RICHARD 2490 LOST PINE TRAIL BROOKSVILLE FL 34604	☑ Delete	DS JULIE VAVRUSKA PO BOX 15206 BROOKSVILLE FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCNEIL, MARIA DEL CARM 1466 FERGASON AVE. SPRING HILL FL 34609	☐ Delete Please correct name TO Please complete Name	- SAME MARIA DEL CARMEN MCNEIL P.O. BOX 15206 BROOKSVILLE, FL 34604	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] MARIA DEL CARMEN MCNEIL 3/8/05 8134931643 6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #