2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90225 028 ****61.25

DOCUMENT # N98000003219

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

Principal Place of Business	Mailing Address
P O BOX 15206 BROOKSVILLE, FL 34604	1466 FERGASON AVE. SPRING HILL, FL 34609

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

04242006 Chg-NP CR2E037 (11/05)

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
MCNEIL, MARIA D 2380 LOST PINE TR BROOKSVILLE, FL 34604	Name: PAUL H. NESSLER JR. ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 10002 CORTEZ BLVD. City: SPRING HILL FL Zip Code: 34613

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 Paul H. Nessler JR. Paul H. Nessler, JR. 4/25/06
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, 2006

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 P O BOX 15206 BROOKSVILLE, FL 34604	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP CORY DUNAWAY 2405 AINSWORTH AVE. SPRING HILL FL 34609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WASHBURN, ANGELA P O BOX 15206 BROOKSVILLE, FL 34604	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV STEVE JANICKI 19297 HIDDEN OAKS DRIVE BROOKSVILLE FL 34604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ORTIZ, RICHARD P O BOX 15206 BROOKSVILLE, FL 34604	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS JULIE VAVRUSKA ~~1080~~ 10420 TIMBERCREST RD SPRING HILL, FLORIDA 34608	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MCNEIL, MARIA D 1466 FERGASON AVE. SPRING HILL, FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PLEASE CORRECT NAME MARIA DEL CARMEN McNEIL NO MIDDLE INITIAL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMPLETE 1ST NAME THANK YOU!	☐ 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 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: MARIA DEL CARMEN McNEIL 4/24/06 8134936436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #