


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90091 047 ****61.25

DOCUMENT # N98000003219 1. Entity Name HIDDEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business P O BOX 15206 BROOKSVILLE, FL 34604	Mailing Address P.O. BOX 15206 BROOKSVILLE, FL 34604
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3587210	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NESSLER, JR, PAUL H ESQ
10002 CORTEZ BLVD
SPRING HILL, FL 34613

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUNAWAY, CORY 2405 AINSWORTH AVE SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JANIEKI, STEVE 19297 HIDDEN OAKS DR BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VAVRUSKA, JULIE 10420 TIMBERCREST ROAD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <i>Hoins</i> HOINS, LINDA 2489 LOST PINE TR. BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Linda Hoins 1/8/08 352 754-0377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda Hoins