

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2009**  
**Secretary of State**

DOCUMENT# N98000003219

**Entity Name:** HIDDEN OAKS PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P O BOX 15206  
BROOKSVILLE, FL 34604

**New Principal Place of Business:**

2489 LOST PINE TR  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

P.O. BOX 15206  
BROOKSVILLE, FL 34604

**New Mailing Address:**

**FEI Number:** 59-3587210      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: DUNAWAY, CORY  
Address: 2405 AINSWORTH AVE  
City-St-Zip: SPRING HILL, FL 34609

Title: DV      ( ) Delete  
Name: JANIEKI, STEVE  
Address: 19297 HIDDEN OAKS DR  
City-St-Zip: BROOKSVILLE, FL 34604

Title: DS      ( ) Delete  
Name: VAVRUSKA, JULIE  
Address: 10420 TIMBERCREST ROAD  
City-St-Zip: SPRING HILL, FL 34608

Title: DT      ( ) Delete  
Name: HONIS, LINDA  
Address: 2489 LOST PINE TR.  
City-St-Zip: BROOKSVILLE, FL 34604

**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: LINDA HOINS

DT

01/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date