2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# N98000005592

Entity Name: HIDDEN OAKS PLACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3657132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT INC.
2180 W. STATE ROAD 434 -SUITE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: SCHAEFER, MARK
Address: 14950 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764

Title: SD ( ) Delete
Name: PARKER, TOM
Address: 14996 HIDDEN OAKS CIRCLE
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete
Name: JOHNS, MATT
Address: 14959 HIDDEN OAKS CIR.
City-St-Zip: CLEARWATER, FL 33764

Title: TD ( ) Delete
Name: HOMB, TRISH
Address: 14930 HIDDEN OAK CIRCLE
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete
Name: QIAO, LIN
Address: 14960 HIDDEN OAKS CIR.
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change ( ) Addition
Name: SHERK, SANDRA
Address: 14989 HIDDEN OAKS CIR.
City-St-Zip: CLEARWATER, FL 33764

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 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: MARK SCHAEFFER PD 02/27/2006
Electronic Signature of Signing Officer or Director — Date