

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005592

FILED  
Apr 10, 2009  
Secretary of State

**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:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W. STATE ROAD 434 -SUITE 5000  
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREIRA, EON  
Address: 14901 HIDDEN OAKS CIR  
City-St-Zip: CLEARWATER, FL 33764

Title: VPD ( ) Delete  
Name: MCNARY, SHAWN  
Address: 14820 HIDDEN OAKS CIRCLE  
City-St-Zip: CLEARWATER, FL 33764

Title: TD ( ) Delete  
Name: FULTON, CRAIG  
Address: 14935 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: ( ) 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: EON PEREIRA

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date