2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90193 014 ****61.25

DOCUMENT # 726988

1. Entity Name
HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
MANAGEMENT CONCEPTS 5766 BRONX AVE. STE, A SARASOTA, FL 34231	MANAGEMENT CONCEPTS 5766 BRONX AVE. STE, A SARASOTA, FL 34231

02052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Hidden Hollow Condominium	Premium Resource Mgmt. Inc.
Suite, Apt. #, etc.: 4399 Sandner Drive	Suite, Apt. #, etc.: PO Box 50665
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34243 Country: USA	Zip: 34232-0305 Country: U.S.A.

4. FEI Number: 58-1385249 ☐ 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
MANAGEMENT CONCEPTS 5766 BRONX AVE. STE A SARASOTA, FL 34236	WELLS, KEVIN T ESQ. THE LAW OFFICES OF LOBECK, HANSON, ET AL 2033 MAIN STREET, STE. 403 SARASOTA, FL 34237

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 _____ 4-27-2005
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, 2005

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	D CROSS, ARNOLD 4379 SANDER DRIVE SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARMSTRONG, Gail 4391 Rayfield Drive SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUGLIESE, MARIA 4474 SANDNER DR. SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RICHARDSON, ANDY 4398 SANDNER DRIVE SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COOK, LYNNE 4368 RAYFIELD DR. SARASOTA, FL 34234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOHL, WALTER 4348 Rayfield Drive SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOHL, BARBARA 4401 RAYFIELD DR. SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPANA, ARTHUR 4419 RAYFIELD DR. SARASOTA, FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD/AS MANNING, MICHAEL 1877 Northgate Blvd, Suite 4 SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALDROW, MICHAEL 4377 SANDNER DRIVE SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jenkins, Sharon 4448 Sandner Drive Sarasota FL 34234	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara K. Hohl Barbara K. Hohl 4/18/05 366-2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #