


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91240 021 ***61.25

DOCUMENT # N00000006659

1. Entity Name
 HIDDEN COVE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
 5401 S. KIRKMAN ROAD
~~475~~
 ORLANDO, FL 32819 US

Mailing Address
 5401 S. KIRKMAN ROAD
~~475~~
 ORLANDO, FL 32819 US



2. Principal Place of Business
5401 S. Kirkman Road
 Suite, Apt. #, etc.
STE 450
 City & State
Orlando, FL
 Zip
32819 Country
USA

3. Mailing Address
5401 S. Kirkman Rd
 Suite, Apt. #, etc.
STE 450
 City & State
Orlando, FL
 Zip
32819 Country
USA

02232004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3675451

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 CARPENTER, SUE
 5401 S. KIRKMAN ROAD
~~STE 475~~
 ORLANDO, FL 32819

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
STE. 450
 City
 FL Zip Code

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 *[Signature]* Community Management Prof 4/29/04
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVARETTA, CHARLES F 5200 VINELAND ROAD, SUITE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEITCH, JAMES 5200 VINLAND ROAD, STE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PROULX, CYNTHIA M 5200 VINELAND ROAD, STE 200 ORLANDO, FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, MICHAEL 1954 ELKHORN COURT LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LANCE LIGON 5200 VINELAND ROAD, STE 200 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNY MARTIN 1950 ELKHORN COURT LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* 4-29-04 407-579-3068
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #