


2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 030 ****62.25

DOCUMENT # N00000006659

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



Principal Place of Business
**5401 S. KIRKMAN ROAD
 STE 450
 ORLANDO, FL 32819 US**

Mailing Address
**5401 S. KIRKMAN ROAD
 STE 450
 ORLANDO, FL 32819 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01082008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
~~CARPENTER, GUE~~
**5401 S. KIRKMAN ROAD
 STE 450
 ORLANDO, FL 32819**

7. Name and Address of New Registered Agent
Community Management Professionals Inc
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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]* **President** DATE **1-29-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	INDEHEN, JOHN	
STREET ADDRESS	1902 DEERVIEW PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BELLAIRE, SAMANTHA	
STREET ADDRESS	1936 DEERVIEW PLACE	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, MANNY	
STREET ADDRESS	1950 ELKHORN COURT	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAPPIL, ABRAHAM	
STREET ADDRESS	1953 ELKHORN CT.	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENMAN, JERRY	
STREET ADDRESS	1972 DEERVIEW PL	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sudhir Jahagirdar	
STREET ADDRESS	1904 DEERVIEW PL	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melba Chang	
STREET ADDRESS	1961 Deerview Pl.	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **Sam Bellaire** 1/29/08 321-228-0999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President