

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 01, 2009
Secretary of State**

DOCUMENT# N00000006659

Entity Name: HIDDEN COVE PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 US**New Principal Place of Business:**206 S ELM AVENUE
SANFORD, FL 32771 US**Current Mailing Address:**5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 US**New Mailing Address:**POST OFFICE BOX 1569
SANFORD, FL 32772 US

FEI Number: 59-3675451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:**Name and Address of New Registered Agent:**ALL ABOUT MANAGEMENT
206 S ELM AVENUE
SANFORD, FL 32771 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: ANGELIA L. GORDON

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LAUZIER, ANDY
Address: 1932 DEERVIEW PLACE
City-St-Zip: LONGWOOD, FL 32750Title: VP () Delete
Name: JAHAGIRDAR, SUDHIR
Address: 1964 DEERVIEW PLACE
City-St-Zip: LONGWOOD, FL 32750 USTitle: T () Delete
Name: MARTIN, MANNY
Address: 1950 ELKHORN COURT
City-St-Zip: LONGWOOD, FL 32750Title: S () Delete
Name: KAPPHIL, ABRAHAM
Address: 1953 ELKHORN CT.
City-St-Zip: LONGWOOD, FL 32750Title: D () Delete
Name: CHANG, MELBA
Address: 1961 DEERVIEW PL
City-St-Zip: LONGWOOD, FL 32750**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: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: ANGELIA L. GORDON

RA

04/01/2009

Electronic Signature of Signing Officer or Director

Date