2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N04000001556

Entity Name: HIDDEN PINES PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

15399 OLD PINE CT.
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

15399 OLD PINE CT.
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 20-3039929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINGIONE, VINCENT
15399 OLD PINE CT.
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MINGIONE, VINCENT
Address: 15399 OLD PINE CT.
City-St-Zip: FT. MYERS, FL 33912

Title: D ( ) Delete
Name: MOSS, MARIBETH
Address: 15350 OLD PINE CT.
City-St-Zip: FT. MYERS, FL 33912

Title: S ( ) Delete
Name: MCKELLER, ROGER
Address: 3680 BALI LANE
City-St-Zip: ESTERO, FL 32928

Title: TBM ( ) Delete
Name: STEFANGEDI, SHANNON
Address: 6740 BABCOCK ST.
City-St-Zip: FT MYERS, FL 33912

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TBM (X) Change ( ) Addition
Name: SISSINGH, ROBERT
Address: 8317 BURKHART COURT
City-St-Zip: HOUSTON, TX 77055

Title: TBM (X) Change ( ) Addition
Name: STEFANACCI, SHANNON
Address: 6740 BABCOCK ST.
City-St-Zip: FT MYERS, FL 33912

Title: TBM ( ) Change (X) Addition
Name: QUATTRONE, AL
Address: 11000 METRO PKWY. SUITE 27
City-St-Zip: FORT MYERS, FL 33912

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: VINCENT MINGIONE PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date