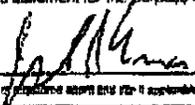


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90756 013 \*\*\*\*61.25

<b>DOCUMENT # N04730</b>			
1. Entity Name <b>HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>6518 HIDDEN BEACH CIRCLE ORLANDO FL 32819 US</b>		Mailing Address <b>P.O. BOX 1706 WINDERMERE FL 34786-1706 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>KERBEN, DAVID 118 E ROBINSON ST ORLANDO FL 32801</b>		7. Name and Address of New Registered Agent Name <b>JOSEPH J. EMAS, ATTORNEY AT LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>7224 WASHINGTON AVENUE</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33139</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida, and accepts the obligations of registered agent.			
SIGNATURE 		Date <b>04/27/2004</b>	



MOORE CR2E037 (11/03)

4. FEI Number <b>59-2446923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, TONYA 5223 RAZORBRACKET ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP P.O. Box 1706 WINDERMERE, FL. 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEREMO, TORIE 6503 HIDDEN BEACH CIRCLE ORLANDO FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUDY CHAMBERS 6668 HIDDEN BEACH CIR ORLANDO, FL. 32819 SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATTINGLY, DEBORAH 6505 HIDDEN BEACH CIR. ORLANDO FL 32819 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA (LIZ) TALLMAN P.O. BOX 1706 WINDERMERE, FL. 34786 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: Lisa A Tallman Date: 4/29/04 Daytime Phone #: 407-489-6267

Attachment  
**HIDDEN BEACH HOMEOWNERS ASSOCIATION**

P.O. Box 1706  
Windermere, Florida 34786  
407-292-8177 Phone  
240-220-4815 Fax

54050038  
# NC04730

April 29, 2004

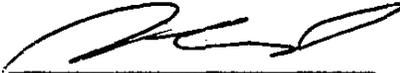
Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

To whom it may concern:

Please find annual report that has been completed. The Registered Agent had to be arranged, and the document was signed via fax by the Attorney.

Mr. Joseph I. Emas can be contacted to confirm, if you so desire, at 305-531-1174 in Miami Beach, FL.

Thank you and contact me if you have any questions,

  
Susan McCord  
Accountant & Administrator  
For HBHA