

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39020

FILED  
Jan 12, 2005  
Secretary of State

**Entity Name:** HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

WADE TIMPNER  
5997 DRAGOON CT.  
ALVA, FL 33920

**New Principal Place of Business:**

**Current Mailing Address:**

WADE TIMPNER  
5997 DRAGOON CT.  
ALVA, FL 33920

**New Mailing Address:**

FEI Number: 65-0253765      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIMPNER, WADE M  
5997 DRAGOON CT.  
ALVA, FL 33920      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: PD      ( ) Delete  
Name: CRITELLI, NICK  
Address: 115 - 22ND AVE. S  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D      ( ) Delete  
Name: TIMPNER, WADE  
Address: 5997 DRAGOON COURT  
City-St-Zip: ALVA, FL 33920

Title: D      ( ) Delete  
Name: SWITEER, WAYNE  
Address: 5761 HIDDEN HAMMOCK DR.  
City-St-Zip: ALVA, FL 33920

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WADE M. TIMPNER

○

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date