# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2008**
**Secretary of State**

DOCUMENT# N39020

**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:**

MARTHA A. COWEN
5878 DRAGOON DRIVE
FORT DENAUD, FL 33935

**Current Mailing Address:**

WADE TIMPNER
5997 DRAGOON CT.
ALVA, FL 33920

**New Mailing Address:**

MARTHA A. COWEN
5878 DRAGOON DRIVE
FORT DENAUD, FL 33935

**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:**

COWEN, MARTHA A
5878 DRAGOON DRIVE
FORT DENAUD, FL 33935 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: MARTHA A. COWEN 04/25/2008
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 HAMMOCKD DR.
City-St-Zip: ALVA, FL 33920

Title: T ( ) Delete
Name: COWEN, MARTHA A
Address: 5878 DRAGOON DRIVE
City-St-Zip: LABELLE, FL 33935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: SWITZER, WAYNE
Address: 5761 HIDDEN HAMMOCK DRIVE
City-St-Zip: FORT DENAUD, FL 33935

Title: D (X) Change ( ) Addition
Name: COWEN, JOHN R
Address: 5878 DRAGOON DRIVE
City-St-Zip: FORT DENAUD, FL 33935

Title: D (X) Change ( ) Addition
Name: COOPER, JAMES
Address: 5751 HIDDEN HAMMOCK DRIVE
City-St-Zip: FORT DENAUD, FL 33935

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: MARTHA A. COWEN T 04/25/2008
Electronic Signature of Signing Officer or Director Date