

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N39020

Entity Name: HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

COWEN, MARTHA A
5878 DRAGOON DRIVE
FORT DENAUD, FL 33935 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: SWITZER, WAYNE
Address: 5761 HIDDEN HAMMOCK DRIVE
City-St-Zip: FORT DENAUD, FL 33935

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

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

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

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:

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

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04/15/2009

Electronic Signature of Signing Officer or Director

Date