## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#759353** 

FILED Apr 08, 2009 Secretary of State

Entity Name: HIDDEN LAKE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.

Current Principal Place of Business:				New Principal Place of Business:		
PO BOX 720 PALM HARBOR, FL 346820720 US				1178 RIDGECREST COURT PALM HARBOR, FL 34683 US		
Current Mailing Address:				New Mailing Address:		
PO BOX 7: PALM HAF	20 RBOR, FL 346	820720 US				
FEI Number:	: 59-2317533	FEI Number Applied For()	FEI Nur	mber Not Appl	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:		Name and	Address of	New Registered Agent:
BUSH RO: 220 SOUT TAMPA, FI The above	H FRANKLIN S L 33602 US named entity s	ST	urpose o	BUSH ROS 1801 N. HI TAMPA, FI	GHLAND A\ _ 33602 US	/ENUE
n the State SIGNATUF	e of Florida. ⊃⊏·					04/08/2009
		nic Signature of Registered Age	nt			Date
Title: Name: Address: City-St-Zip:	D () MOLLI, PATTI 2002 HIDDEN L PALM HARBOR	Delete LAKE DR.		Title: Name: Address: City-St-Zip:	D LEGG, JUDY 2384 TRADE	S TO OFFICERS AND DIRECTORS  (X) Change ( ) Addition  (WINDS TRACE OR, FL 34683
Fitle: Name: Address: City-St-Zip:	D () CLEVELAND, J 2552 TRADEW PALM HARBOR	IND TRACE		Title: Name: Address: City-St-Zip:		()Change ()Addition
Fitle: Name: Address: City-St-Zip:	D () CLEVELAND, L 2552 TRADEW PALM HARBOR	INDS TRACE		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	T () GRIFFITHS, RC 1178 RIDGE CI PALM HARBOR	REST CT.		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Fitle: Name: Address: City-St-Zip:	P () MANION, MIKE 2360 HIDDEN L PALM HARBOR			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () MARTINEZ, RO 1074 TRADEW PALM HARBOR	INDS TRACE		Title: Name: Address: City-St-Zip:	LEGG, RONA 2384 TRADE	(X) Change()Addition ALD WINDS TRACE OR, FL 34683

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: R. R. GRIFFITHS T 04/08/2009