2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N95000005362

Entity Name: HIDDEN BAY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1804 PRADO STREET
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1804 PRADO STREET
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 59-3374027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLYE, DOROTHY
1804 PRADO STREET
NAVARRE, FL 32566 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: VP ( ) Delete
Name: BLAIN, ROBERT
Address: 476 MILK ST.
City-St-Zip: FITCHBURG, MA 01420

Title: TRS ( ) Delete
Name: EDDLEMAN, RON
Address: 7078 MAJESTIC BLVD
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete
Name: SUITS, SHIRLEY
Address: 7171 MAJESTIC BLVD
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete
Name: WARNKE, BARBARA
Address: 7169 MAJESTIC BLVD
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WITHERS, LEONIE
Address: 7261 GRIMMS LANDING
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: SUITS, SHIRLEY
Address: 7171 MAJESTIC BLVD
City-St-Zip: NAVARRE, FL 32566

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: DOROTHY SLYE RA 04/29/2009

Electronic Signature of Signing Officer or Director — Date