

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726988

Entity Name: HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4399 SANDNER DRIVE
SARASOTA, FL 34243**Current Mailing Address:**4399 SANDNER DRIVE
SARASOTA, FL 34243**FEI Number:** 58-1385249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
6230 UNIVERSITY PKWY
STE 204
SARASOTA, FL 34240 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WALDRON, MICHAEL
Address 4377 SANDNER DRIVE
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name HORTON, BARBARA
Address 4422 RAYFIELD DRIVE
City-State-Zip: SARASOTA FL 34243

Title TREASURER, DIRECTOR
Name WILLIAMS, GARY L
Address 4423 RAYFIELD DRIVE
City-State-Zip: SARASOTA FL 34243

Title SECRETARY, DIRECTOR
Name WLODARCZYK, BEATA
Address 4407 RAYFIELD DRIVE
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name JENKINS, SHARON
Address 4448 SANDNER DRIVE
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name SCHMITT, RYANN
Address 4375 SANDNER DRIVE
City-State-Zip: SARASOTA FL 34243

Title VP
Name THOMPSON, LUCAS X
Address 4437 RAYFIELD DRIVE
City-State-Zip: SARASOTA FL 34243

I hereby 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 all other like empowered.

SIGNATURE: GARY WILLIAMS

TREASURER

03/17/2015

Electronic Signature of Signing Officer/Director Detail

Date