

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04730

**Entity Name:** HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6623 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819**Current Mailing Address:**P O BOX 1706  
WINDERMERE, FL 34786 US**FEI Number:** 59-2446923**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, LINDA R  
6561 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819 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:** LINDA R WRIGHT

02/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name LINDA, WRIGHT R  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title TREASURER  
Name TSALICKIS, PATRICIA  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name STEVENSON, GWEN  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title VP  
Name DUGAN, BRIAN  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name MATTINGLY, DEBRA  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT  
Name ALONZO, JOHN  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name DEVLIN, TERRANCE  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name KISHKO, ALENA  
Address P O BOX 1706  
City-State-Zip: WINDERMERE FL 34786

**Continues on page 2**

*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:** LINDA WRIGHT

SEC

02/03/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	STEVENSON, RICHARD
Address	P O BOX 1706
City-State-Zip:	WINDERMERE FL 34786