2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04730

Entity Name: HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 22, 2015
Secretary of State
CC4461847901

Current Principal Place of Business:

6647 HIDDEN BEACH CIRCLE ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 1706

WINDERMERE, FL 34786-1706 US

FEI Number: 59-2446923 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, ROBERT J 5215 RAZORBACK COURT 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: ROBERT J. WHITE 01/22/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PD Title VD

Name MONSON, ANDREW P Name MOLINARO, JASON J

Address PO BOX 1706 Address P.O. BOX 1706

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title TD Title SD

Name CHERNEY, GERALD L. Name WHITE, ROBERT J

Address P.O. BOX 1706 Address PO BOX 1706

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786

Title BD Title BD

Name OLSEN, BOBBIE Name HOLZER, GARY R
Address P.O. BOX 1706 Address P.O. BOX 1706

City-State-Zip: WINDERMERE FL 34786-1706 City-State-Zip: WINDERMERE FL 34786

Title BD Title DIRECTOR

Name LOBO, GARY Name MORRIS, JOHN L Address P. O. BOX 1706 Address P.O. BOX 1706

City-State-Zip: WINDERMERE FL 34786 City-State-Zip: WINDERMERE FL 34786-1706

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: ROBERT J WHITE SECRETARY 01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name POWERS, GARNETT

Address P.O. BOX 1706

City-State-Zip: WINDERMERE FL 34786-1706