

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04730

Entity Name: HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6611 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:**TSALICKIS, PATRICIA R
6675 HIDDEN BEACH CIR
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:** PATRICIA TSALICKIS

09/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name TSALICKIS, PATRICIA E
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 DUGAN, BRIAN
Address P O BOX 1706
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR
Name CODY, CHARLES
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 VP
Name SANTO, MARTA
Address P O BOX 1706
City-State-Zip: WINDERMERE FL 34786

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

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

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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: PATRICIA TSALICKIS**SECRETARY**

09/14/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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