

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39020

**Entity Name:** HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC0334117207**

**Current Principal Place of Business:**

MARTHA A. COWEN  
5878 DRAGOON DRIVE  
FORT DENAUD, FL 33935

**Current Mailing Address:**

MARTHA A. COWEN  
5878 DRAGOON DRIVE  
FORT DENAUD, FL 33935

**FEI Number: 65-0253765**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COWEN, MARTHA A  
5878 DRAGOON DRIVE  
FORT DENAUD, FL 33935 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:** MARTHA A COWEN

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SWITZER, WAYNE PD  
Address 5761 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name COWEN, JOHN RD  
Address 5878 DRAGOON DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title D  
Name COOPER, JAMES D  
Address 5751 HIDDEN HAMMOCK DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title T  
Name COWEN, MARTHA AT  
Address 5878 DRAGOON DRIVE  
City-State-Zip: FORT DENAUD FL 33935

Title DIRECTOR  
Name LAVIGNE, BRADLEY S  
Address 5753 HIDDEN HAMMOCK  
City-State-Zip: FORT DENAUD FL 33935

*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:** MARTHA A COWEN

**TREASURER**

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date