

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90017 030 ****61.25

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DOCUMENT # 726988 1. Entity Name HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business HIDDEN HOLLOW CONDOMINIUM 4399 SANDNER DRIVE SARASOTA, FL 34243			Mailing Address PREMIUM RESOURCE MGMT, INC PO BOX 50665 SARASOTA, FL 34232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1385249	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS, KEVIN T ESQ THE LAW OFFICES OF LOBECK, HANSON, ET AL 2033 MAIN STREET, STE. 403 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSS, ARNOLD 4379 SANDER DRIVE SARASOTA, FL 34234	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENKINS, SHARON 4448 SANDNER DR. SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARMSTRONG, GAIL 4391 RAYFIELD DR SARASOTA, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMSTRONG, GAIL 4391 RAYFIELD DR SARASOTA, FL 34234	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, ANDY 4398 SANDNER DRIVE SARASOTA, FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIGUERAS, MIGUEL 4385 RAYFIELD DR SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOHL, BARBARA 4401 RAYFIELD DR. SARASOTA, FL 34243	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORGENSEN, SERGE 4438 RAYFIELD DR SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPANA, ARTHUR 4419 RAYFIELD DR. SARASOTA, FL 34243	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, ROBIN 4362 RAYFIELD DR. SARASOTA, FL 34234	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDAS MANNING, MICHAEL 1877 NORTHGATE BLVD. SUITE 4 SARASOTA, FL 34234	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLNAR, JASON 4455 RAYFIELD DR SARASOTA, FL 34234	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael R. Manning</u> Michael R. Manning <u>2/10/2006</u> <u>941/359-4876</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					