2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726988

FILED Feb 12, 2009 Secretary of State

Entity Name: HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4339 SANDNER DRIVE SARASOTA, FL 34243 **Current Mailing Address: New Mailing Address:** C/O DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243 FEI Number: 58-1385249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DELLCOR MANAGEMENT, INC. 310 PEARL AVENUE SARASOTA, FL 34243 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition O'NEIL, JUDY RICHARDSON, ANDY Name: Name: 4413 SANDNER DRIVE Address: 4398 SANDNER DRIVE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: PD () Delete Title: (X) Change () Addition WALDRON, MICHAEL Name: WALDRON, MICHAEL Name: Address: 4377 SANDNER DRIVE Address: 4377 SANDNER DRIVE City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: VD. () Delete Title: SD (X) Change () Addition RICHARDSON, ANDY O'NEILL, JUDY Name: Name: 4398 SANDNER DRIVE 4413 SANDNER DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: TD (X) Change () Addition Name: BODDY, SHERYL Name: WILLIAMS, GARY L 4423 RAYFIELD DRIVE Address: 4364 RAYFIELD DRIVE Address: City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34243 Title: () Delete Title: () Change (X) Addition PERNA, WENDY Name: Name: 4406 RAYFIELD DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY WILLIAMS TD 02/12/2009