


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90077 016 \*\*\*\*61.25

<b>DOCUMENT # 733533</b>	
1. Entity Name <b>HIDDEN COVE TOWNHOMES ASSOCIATION, INC.</b>	

Principal Place of Business <b>100 HIDDEN COVE DR VALPARAISO, FL 32580</b>	Mailing Address <b>100 HIDDEN COVE DR VALPARAISO, FL 32580</b>
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

50020030



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142006 Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2548356</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DEWEY, CHRIS 30 HIDDEN COVE VALPARAISO, FL 32580</b>		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 Christopher Dewey DATE 14 JUL 06  
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when constituting)

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEWEY, CHRIS</b>	NAME	
STREET ADDRESS	<b>30 HIDDEN COVE WAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARAISO, FL 32580</b>	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, ANN</b>	NAME	<b>CHARLES ROBERTS</b>
STREET ADDRESS	<b>14 HIDDEN COVE</b>	STREET ADDRESS	<b>82 HIDDEN COVE</b>
CITY-ST-ZIP	<b>VALPARAISO, FL</b>	CITY-ST-ZIP	<b>VALPARAISO FL</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREGG, DAN</b>	NAME	
STREET ADDRESS	<b>1 HIDDEN COVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARAISO, FL 32580</b>	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, BARBARA</b>	NAME	
STREET ADDRESS	<b>16 HIDDEN COVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARAISO, FL 32580</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAEFFER, SYDINE</b>	NAME	
STREET ADDRESS	<b>67 HIDDEN COVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARAISO, FL 32580</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITRE, FRANK</b>	NAME	
STREET ADDRESS	<b>23 A HIDDEN COVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VALPARAISO, FL 32580</b>	CITY-ST-ZIP	

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: Christopher Dewey DATE 14 JUL 06 850-582-0366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #