

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90024 004 ****61.25

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1. Entity Name
HIDDEN COVE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business
100 HIDDEN COVE DR
VALPARAISO, FL 32580

Mailing Address
100 HIDDEN COVE DR
VALPARAISO, FL 32580

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2548356

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, STILES
61 HIDDEN COVE DR
VALPARAISO, FL 32580

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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE VP ☐ Delete
NAME DEWEY, CHRIS
STREET ADDRESS 30 HIDDEN COVE WAY
CITY-ST-ZIP VALPARAISO, FL 32580

TITLE T ☐ Delete
NAME ROBERTS, CHARLES
STREET ADDRESS 82 HIDDEN COVE
CITY-ST-ZIP VALPARAISO, FL

TITLE P ☐ Delete
NAME THOMPSON, STILES
STREET ADDRESS 61 HIDDEN COVE WAY
CITY-ST-ZIP VALPARAISO, FL 32580

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Change ☐ Addition
NAME McDonald, Donald
STREET ADDRESS 42 Hidden Cove
CITY-ST-ZIP Valparaiso, FL 32580

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 fee empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES L ROBERTS

Date

Daytime Phone #

ESP 678-1129
1/10/08