


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 746167
1. Entity Name
HIDDEN PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1209 44TH AVENUE EAST
BRADENTON, FL 34203

Mailing Address
1209 44TH AVENUE EAST
BRADENTON, FL 34203

DO NOT WRITE IN THIS SPACE



04232004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2221418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLASGOW, MICHAEL
1209 44TH AVENUE EAST
BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONLIN, RICHARD C 1209 44TH AVENUE EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLASGOW, MICHAEL S 1209 44TH AVENUE EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABBS, MARY JANE 1209 44TH AVENUE EAST BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/04-80110-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 4/24/04 Daytime Phone #: 841-756-8227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR