

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90048 039 ****61.25

DOCUMENT # 747213

1. Entity Name

HIDDEN BAY VILLAS ASSOCIATION, INC.



Principal Place of Business

7300 SUNSHINE SKYWAY LANE
ST PETE FL 33711
US

Mailing Address

15910 EAGLE RIVER WAY
TAMPA FL 33624
US

50012462



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2124427

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS EA
15910 EAGLE RIVER WAY
TAMPA FL 33624

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 DD ☐ Delete
NAME HARRIS, RUSSELL A JR
STREET ADDRESS 7300 SUNSHINE SKYWAY LN S #107
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE STD ☒ Delete
NAME NORTON, DELORIS B
STREET ADDRESS 7300 SUNSHINE SKYWAY LN S #103
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE PD ☐ Delete
NAME BUFFINGTON, LARRY
STREET ADDRESS 7300 SUNSHINE SKYWAY LN S #206
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE DD ☐ Delete
NAME SHEPARD, ROBERT
STREET ADDRESS 7310 SUNSHINE SKYWAY LN S #215
CITY-ST-ZIP SAINT PETERSBURG FL 33711

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 STD ☒ Change ☐ Addition
NAME
STREET ADDRESS #107
CITY-ST-ZIP

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

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

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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 exemption stated in Section 119.07(3)(i), 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:

A Russell Harris Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05
Date

813-348-8190
Daytime Phone #