

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 Mailing Address
7300 SUNSHINE SKYWAY LANE **15910 EAGLE RIVER WAY**
ST PETE FL 33711 **TAMPA FL 33624**
US **US**

50012462



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HARRIS, RUSSELL A JR	
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S #107	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NORTON, DELORIS B	
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S #103	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BUFFINGTON, LARRY	
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S #206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	DD	<input type="checkbox"/> Delete
NAME	SHEPARD, ROBERT	
STREET ADDRESS	7310 SUNSHINE SKYWAY LN S #215	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	#107	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/1/05 813-348-8190
 Date Daytime Phone #