


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90003 038 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08302007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2124427	
				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			7. Name and Address of New Registered Agent		
SMITH, THOMAS R EA 15910 EAGLE RIVER WAY TAMPA, FL 33624			Name <i>Condominium Associates</i> Street Address (P.O. Box Number is Not Acceptable) <i>3001 Executive Dr</i> <i>#260</i> City <i>Clearwater</i> FL Zip Code <i>33771</i>		
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 <i>By Cyril Caldwell, VICE PRESIDENT</i> <small>Signature typed or printed name of registered agent and title if applicable</small>			DATE <i>9-12-07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, RUSSELL A JR		NAME		
STREET ADDRESS	7300 SUNSHINE SKYWAY LIN S #107		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33711		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWDEN, VALERIE		NAME		
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S, # 120		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33711		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROOKS, REBECCA		NAME		
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S, # 117		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33711		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KORNACK, HOWARD		NAME		
STREET ADDRESS	7300 SUNSHINE SKYWAY LN S, # 101		STREET ADDRESS		
CITY- ST- ZIP	SAINT PETERSBURG, FL 33711		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <i>[Signature]</i>			Date: <i>12-SEP-2007</i>		Daytime Phone #: <i>987-609703</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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