

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747213

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** HIDDEN BAY VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 SUNSHINE SKYWAY LANE  
ST PETE, FL 33711 US

**New Principal Place of Business:**

**Current Mailing Address:**

15910 EAGLE RIVER WAY  
TAMPA, FL 33624 US

**New Mailing Address:**

**FEI Number:** 59-2124427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, THOMAS R  
15910 EAGLE RIVER WAY  
TAMPA, FL 336241599 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUIRGUIS, HEIDI  
Address: 7300 SUNSHINE SKYWAY LIN S #111  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: D ( ) Delete  
Name: WILLIAMS, YVONNE  
Address: 7300 SUNSHINE SKYWAY LN S, # 210  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: SD ( ) Delete  
Name: OSBURN, BOBBIE  
Address: 7300 SUNSHINE SKYWAY LN S, # 110  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: VD ( ) Delete  
Name: SHEPARD, BOB  
Address: 7300 SUNSHINE SKYWAY LN S, # 215  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: TD ( ) Delete  
Name: BUFFINGTON, LARRY  
Address: 7300 SUNSHINE SKYWAY LN S, #206  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: PD ( ) Delete  
Name: FOX, STEVEN  
Address: 6608 SURFSIDE BLVD  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. SMITH

RA

02/06/2009

Electronic Signature of Signing Officer or Director

Date