

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# 747213

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
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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