

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756697

FILED
Mar 21, 2009
Secretary of State

Entity Name: THE HIDDEN HOLLOW TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4491 RENDE LN.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4491 RENDE LN.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-2235869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVOST, AMANDA PRES D
4408 RENDE LANE
LAKE WORTH, FL 33461 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: VPD () Delete
Name: MCGAH, WALTER
Address: 4473 RENDE LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: D'AGOSTINO, CAROLYN
Address: 4479 RENDE LN
City-St-Zip: LAKE WORTH, FL 33461

Title: SD () Delete
Name: SELLERS, DENNIS
Address: 4421 RENDE LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: FITCH, TOM
Address: 4437 RENDE LANE
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: NOEL, MICHAEL
Address: 4409 RENDE LANE
City-St-Zip: LAKE WORTH, FL 33461

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:

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: CAROLYN D'AGOSTINO

TD

03/21/2009

Electronic Signature of Signing Officer or Director

Date