


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90022 036 ****70.00

DOCUMENT # 757667

1. Entity Name
HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**3035 66TH AVE N
LOT 38
SAINT PETERSBURG FL 33702
US**

**3035 66TH AVE N
LOT 38
SAINT PETERSBURG FL 33702
US**

2. Principal Place of Business 3. Mailing Address

**3035 66 AVE N.
Suite, Apt. #, etc. LOT #23**

**3035 66 AVE N.
Suite, Apt. #, etc. LOT #23**



MOORE CR2E037 (11/03)

City & State City & State

SAINT PETERSBURG FL 33702 **SAINT PETERSBURG FL**

Zip Country Zip Country

US **33702** **US**

4. FEI Number Applied For

NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~MCKEE, CAROL
3035 66TH AVENUE NORTH, LOT 38
ST. PETERSBURG FL 33702~~

7. Name and Address of New Registered Agent

Name: **MARY MINARD**

Street Address (P.O. Box Number is Not Acceptable):
**3035 66 AVE. N.
LOT #23**

City: **ST PETERSBURG** FL Zip Code: **33702**

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: MARY MINARD Mary Minard 2-17-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, DON	
STREET ADDRESS	3035 66TH AVE., LOT 38	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CLAFLIN, DON	
STREET ADDRESS	3035 66TH AVE., LOT 98	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HORN, SALLY	
STREET ADDRESS	3035 66TH AVE., NO. LOT #111	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, MARCIA	
STREET ADDRESS	3035 66TH AVE., N. LOT #50	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, CAROL	
STREET ADDRESS	3035 66TH AVE N LOT 111	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN HUNSUCKER	
STREET ADDRESS	3035 66 AVE N. LOT #42	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MINARD	
STREET ADDRESS	3035 66 AVE N. # LOT 23	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA ALLEN	
STREET ADDRESS	3035 66 AVE N. LOT #50	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA ALLEN	
STREET ADDRESS	3035 66 AVE N. LOT #50	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
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: MARCIA ALLEN Marcia Allen 2-17-04 727-525-0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #