

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90319 001 ****70.00

DOCUMENT # 757667	
1. Entity Name HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.	



Principal Place of Business 3035 66 AVE N LOT #23 SAINT PETERSBURG, FL 33702 US	Mailing Address 3035 66 AVE N LOT #23 SAINT PETERSBURG, FL 33702 US
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50025150



2. Principal Place of Business 3035-66th Ave N #42 Suite, Apt. #, etc. LOT #42	3. Mailing Address 3035-66th Ave N #42 Suite, Apt. #, etc. #42
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03012005 Chg-NP CR2E037 (10/03)

City & State ST Petersburg FLA	City & State ST Petersburg FLA
Zip 33702	Zip 33702
Country Pinellas	Country Pinellas

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MINARD, MARY 3035 66 AVE. N LOT #23 ST. PETERSBURG, FL 33702	
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Canceled - no longer member

7. Name and Address of New Registered Agent Name MARVIN HUNSUCKER Street Address (P.O. Box Number is Not Acceptable) 3035-66th Ave N #42 City ST Petersburg FL Zip Code 33702	
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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 MARVIN HUNSUCKER *Marvin Hunsucker* 3/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUNSUCKER, MARVIN 3035 66 AVE. N, LOT #42 SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd V. PD RUSSELL CLARRISSE 3035 66th Ave N LOT #28 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MINARD, MARY 3035 66 AVE N, LOT #23 ST. PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL Coughlin 3035-66th Ave N # ST Petersburg, FL 33702 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, MARCIA 3035 66 AVE N, LOT #50 ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, MARCIA 3035 66 AVE N, LOT #50 SAINT PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marvin Hunsucker *MARVIN HUNSUCKER* 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #