

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90111 018 \*\*\*\*70.00

<b>DOCUMENT #757667</b> 1. Entity Name <b>HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3035-66TH AVE N. LOT 42 SAINT PETERSBURG, FL 33702 US</b>			Mailing Address <b>3035-66TH AVE N LOT 42 SAINT PETERSBURG, FL 33702 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HUNSUCKER, MARVIN</b> <b>3035 66 AVE. N</b> <b>LOT 42</b> <b>ST. PETERSBURG, FL 33702</b>			Name <b>HUNSUCKER, MARVIN</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 <u>MARVIN HUNSUCKER (PD)</u> <u>Marvin Hunsucker</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, COUGHLIN 3035-66TH AVE N ST. PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL TOWNEN 3035 66 AV. N. LOT #32 ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, MARCIA 3035 66 AVE N., LOT#50 SAINT PETERSBURG, FL 33702		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEEL HOLDEN 3035 66 AV. N. LOT #114 ST. PETERSBURG, FL 33702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP RUSSELL, CLARISSE 3035-66TH AVE N LOT 28 SAINT PETERSBURG, FL 33702		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	ADVISOR EARL IREY 3035 66 AV. N. LOT #57 ST. PETERSBURG, FL 33702	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Marvin Hunsucker</u> - <u>MARVIN HUNSUCKER (727) 521-6006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					