

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90089 021 ****61.25

DOCUMENT # 758939

1. Entity Name
HIDDEN BROOK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
DALE BELCHAR
2595 TAMPA RD STE H
PALM HARBOR, FL 34683

Mailing Address
1302 PENNSYLVANIA AVE
PALM HARBOR, FL 34683

75893900



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2168964

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELLHER, DALE
1302 PENNSYLVANIA AVE
PALM HARBOR, FL 34683

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 **P** ☐ Delete
NAME **BUCHSER, KENNETH**
STREET ADDRESS **187 B HIDDEN BROOK DR.**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **BUCHSER, KENNETH**
STREET ADDRESS **187 B. HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **T** ☒ Delete
NAME **MARSHALL, JEAN**
STREET ADDRESS **251C HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **ABBRUZZI, PATRICA**
STREET ADDRESS **346A HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SCHASSER, DON**
STREET ADDRESS **250C HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **President** ☒ Change ☐ Addition
NAME **SCHASSER, DON**
STREET ADDRESS **250C HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **D** ☐ Delete
NAME **KELSO, JOHN**
STREET ADDRESS **133 A HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V. President** ☐ Change ☒ Addition
NAME **MORAKIS, MICHAEL**
STREET ADDRESS **346 D HIDDEN BROOK DR**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05

727-784-1986