

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761577

FILED
Apr 15, 2004
Secretary of State**Entity Name:** HIDDEN COVE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2660 N E 135TH STREET
2660 NW 135TH ST
N MIAMI, FL 33181 US**New Principal Place of Business:****Current Mailing Address:**2660 N E 135TH STREET
2660 NW 135TH ST
N MIAMI, FL 33181 US**New Mailing Address:****FEI Number:** 59-2206636**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GARRISON, EVELYN
200 S. BISCAYNE BLVD
STE 2710
MIAMI, FL 331312329**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:** PD () Delete
Name: GARRISON, EVELYN
Address: 2660 NE 135TH ST
City-St-Zip: NORTH MIAMI, FL**Title:** SD (X) Delete
Name: JENNINGS, LEE
Address: 2658 N E 135TH STREET
City-St-Zip: NORTH MIAMI, FL 33181**Title:** VPD () Delete
Name: INLOW, JAMES
Address: 2672 NE 135 STREET
City-St-Zip: NO MIAMI, FL 33181**Title:** TD () Delete
Name: JENNINGS, LEE
Address: 2658 NE 135 ST
City-St-Zip: MIAMI, FL 33181**Title:** VD (X) Delete
Name: HOCHMAN, NOAH
Address: 2688 NE 135 STREET
City-St-Zip: MIAMI, FL 33181**Title:** SD () Delete
Name: HALEM, ELLEN
Address: 2664 NE 135 ST
City-St-Zip: MIAMI, FL 33181**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
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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 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 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: EVELYN GARRISON

PD

04/15/2004

Electronic Signature of Signing Officer or Director_____
Date