

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 781577	
1. Entity Name HIDDEN COVE OWNERS ASSOCIATION, INC.	
Principal Place of Business 2660 N E 135TH STREET 2660 NW 135TH ST N MIAMI, FL 33181 US	Mailing Address 2660 N E 135TH STREET 2660 NW 135TH ST N MIAMI, FL 33181 US



02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2206636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GARRISON, EVELYN
200 S. BISCAYNE BLVD
STE 2710
MIAMI, FL 33131-2329**

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARRISON, EVELYN 2660 NE 135TH ST NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD INLOW, JAMES 2672 NE 135 STREET NO MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JENNINGS, LEE 2658 NE 135 ST MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALEM, ELLEN 2664 NE 135 ST MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000224310
02/10/05-80081-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Evelyn Garrison
Date **2/7/05 (305) 377-1566** Daytime Phone #