

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764670

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** HIDDEN LAGOON BEACH CLUB OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8600 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

8600 MIDNIGHT PASS RD.  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 59-2542038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF P A  
6230 UNIVERSITY PARKWAY, SUITE 204  
SARASOTA, FL 34240 US

**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: T ( ) Delete  
Name: WELDON, JACKIE  
Address: 8600 MIDNIGHT PASS RD UNIT 503  
City-St-Zip: SARASOTA, FL 34242

Title: P ( ) Delete  
Name: KOLSCHOWSKY, GERALD  
Address: 8600 MIDNIGHT PASS RD UNIT 501  
City-St-Zip: SARASOTA, FL 34242

Title: S ( ) Delete  
Name: HAYDEN, BUD  
Address: 8600 MIDNIGHT PASS RD UNIT 203  
City-St-Zip: SARASOTA, FL 34242

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BUD HAYDEN

S

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date