

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006659

FILED
Jan 13, 2009
Secretary of State

Entity Name: HIDDEN COVE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3675451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 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: VPD () Delete
Name: JAHAGIRDAR, SUDHIR
Address: 1964 DEERFIELD PL
City-St-Zip: LONGWOOD, FL 32750

Title: PD () Delete
Name: BELLAIRE, SAMANTHA
Address: 1936 DEERVIEW PLACE
City-St-Zip: LONGWOOD, FL 32750 US

Title: TD () Delete
Name: MARTIN, MANNY
Address: 1950 ELKHORN COURT
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: KAPPIL, ABRAHAM
Address: 1953 ELKHORN CT.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: CHANG, MELBA
Address: 1961 DEERVIEW PL
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAUZIER, ANDY
Address: 1932 DEERVIEW PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Change () Addition
Name: JAHAGIRDAR, SUDHIR
Address: 1964 DEERVIEW PLACE
City-St-Zip: LONGWOOD, FL 32750 US

Title: T (X) Change () Addition
Name: MARTIN, MANNY
Address: 1950 ELKHORN COURT
City-St-Zip: LONGWOOD, FL 32750

Title: S (X) Change () Addition
Name: KAPPIL, ABRAHAM
Address: 1953 ELKHORN CT.
City-St-Zip: LONGWOOD, FL 32750

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: ANDY LAUZIER

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date