## 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N02000001980

FILED Sep 26, 2007 Secretary of State

Entity Name: HIDDEN LAGOON AT ARROWHEAD POINT II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1645 PINELLAS BAYWAY TIERRA VERDE, FL 33715

**Current Mailing Address: New Mailing Address:** 

5901 SUN BLVD POB 47068

SAINT PETERSBURG, FL 33743 SUITE 203

SAINT PETERSBURG, FL 33743

FEI Number: 02-0580235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WELTON, RONALD PBM

5444 PARK BLVD #101 5901 SUN BLVD

PINELLAS PARK, FL 33781 US SUITE 203

ST. PETERSBURG, FL 33715 US

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: WILLIAM NEWTON 09/26/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

STD

() Delete () Change () Addition IBANEZ, PAUL Name: Name:

1645 PINELLAS BAYWAY B4 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip:

Title: () Delete Title: () Change () Addition

OSTROWSKI, RALPH Name: Name: Address: 1695 PINELLAS BAYWAY B5 Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

ALBERO, FRED Name: Name: 1645 PINELLAS BAYWAY B4 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: ROGERO, DICK Name: 1695 PINELLAS BAYWAY C2 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 City-St-Zip:

Title: Title: () Delete () Change () Addition

CLARK, MELISSA Name: Name: 1695 PINELLAS BAYWAY A3 Address: Address: City-St-Zip: TIERRA VERDE, FL 33715 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: WILLIAM NEWTON RΑ 09/26/2007