2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State
02-23-2006 90014 013 ****70.00

DOCUMENT # N03000001184

1. Entity Name
WHIDDEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
425 OSCEOLA AVE FROSTPROOF, FL 33843	425 OSCEOLA AVE FROSTPROOF, FL 33843

02022006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 30-0176258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESSENGER, JEAN
425 OSCEOLA AVE
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHNSON, MARY A 406 PINEAPPLE AVE. FROSTPROOF, FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition S/T/D Frederick Knofski 440 Navel Dr. Frostproof FL 33843
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, IDA 429 PINEAPPLE AVE FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition V/D Harold Wheeler 526 Minneola Ave. Frostproof FL 33843
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, HAROLD 526 MINNEOLA AVE. FROSTPROOF, FL 33843	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Jack Downing 441 Navel Dr. Frostproof FL 33843
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRESWELL, BOB 404 MINNEOLA AVE FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Harold Boik 437 Osceola Ave Frostproof FL 33843
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GLENN, ED 468 HAMLIN LOOP FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Gale Carter 448 Murcott Ave Frostproof FL 33843
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIMTZ, ART 432 HAMLIN LOOP FROSTPROOF, FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D George Trainer 415 Page Ave. Frostproof FL 33843

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frederick Knofski S/T/D Frederick Knofski 3/7/06 517-230 3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Returned following Letter Dated Feb 24 2006 instructing To sign and return.