

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001184

FILED
Jan 15, 2009
Secretary of State

Entity Name: WHIDDEN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

425 OSCEOLA AVE
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

425 OSCEOLA AVE
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 30-0176258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESSENGER, JEAN
425 OSCEOLA AVE
FROSTPROOF, FL 33843 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: STD () Delete
Name: KNOFSKI, FREDERICK
Address: 440 NAVAL DR
City-St-Zip: FROSTPROOF, FL 33843

Title: P () Delete
Name: WHEELER, HAROLD
Address: 526 MINNEOLA AVD
City-St-Zip: FROSTPROOF, FL 33843

Title: VD () Delete
Name: SCHWIDDLE, GENE
Address: 434 PAGE AVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BOIK, HAROLD
Address: 437 OSCEOLA AVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: CLANTZ, JOE
Address: 702 DANAY RD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: TRAINER, GEORGE
Address: 415 PAGE AVE
City-St-Zip: FROSTPROOF, FL 33843

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:

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: FRED KNOFSKI

SEC

01/15/2009

Electronic Signature of Signing Officer or Director

Date