2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N03000004462

Entity Name: HIDDEN PALMS OWNERS ASSOCIATION, INC

Current Principal Place of Business:

806 LUCKY WORLD DR
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

806 LUCKY WORLD DR
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 56-2370348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, JUDY
806 LUCKY WORLD DRIVE
DAVENPORT, FL 33897 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: P ( ) Delete
Name: SANCHEZ, ALBERT
Address: 131 LUCKY WORLD COURT E
City-St-Zip: DAVENPORT, FL 33897

Title: VP ( ) Delete
Name: HEAD, SARAH
Address: 316 LUCKY WORLD DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: S ( ) Delete
Name: DAVIS, JUDY
Address: 806 LUCKY WORLD DRIVE
City-St-Zip: DAVENPORT, FL 33897

Title: T ( ) Delete
Name: SCHULTZ, TODD
Address: 208 LUCKY WORLD COURT E
City-St-Zip: DAVENPORT, FL 33897

Title: D ( ) Delete
Name: KOENIGSBERG, PAUL
Address: 1203 LUCKY WORLD DRIVE
City-St-Zip: DAVENPORT, FL 33897

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:

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: JUDY DAVIS S 01/28/2009

Electronic Signature of Signing Officer or Director — Date