

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 03, 2010
Secretary of State

DOCUMENT# N04000001556

Entity Name: HIDDEN PINES PROPERTY OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**15399 OLD PINE CT.
FT. MYERS, FL 33912**New Principal Place of Business:****Current Mailing Address:**15399 OLD PINE CT.
FT. MYERS, FL 33912**New Mailing Address:****FEI Number:** 20-3039929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MINGIONE, VINCENT
15399 OLD PINE CT.
FT. MYERS, FL 33912 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
Name: MINGIONE, VINCENT
Address: 15399 OLD PINE CT.
City-St-Zip: FT. MYERS, FL 33912

Title: TBM
Name: MOSS, MARIBETH
Address: 15350 OLD PINE CT.
City-St-Zip: FT. MYERS, FL 33912

Title: D
Name: SISSINGH, ROBERT
Address: 15361 OLD PINE COURT
City-St-Zip: FT. MYERS, FL 33912

Title: TBM
Name: BRUCE, LABODA
Address: 15368 OLD PINE COURT.
City-St-Zip: FT MYERS, FL 33912

Title: TBM
Name: JIM, MARRINAN
Address: 15375 OLD PINE COURT
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: VINCENT MINGIONE

PRES

12/03/2010

Electronic Signature of Signing Officer or Director

Date