


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N04000005621	
1. Entity Name HIDDEN COVE AT COLONIAL RESIDENTS' ASSOCIATION, INC.	

Principal Place of Business C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N # 201 NAPLES, FL 34103	Mailing Address C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N # 201 NAPLES, FL 34103
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02292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2612047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E
% BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVENUE, SUITE 100
FORT MYERS, FL 33912**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 04/08/08-80037-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HEINZMAN, JOSEPH SR 9948 HORSE CREEK RD FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SEAGARD, PETER 9944 HORSE CREEK RD FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST VENGHAUS, RICK 9946 HORSE CREEK RD FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  **JOSEPH HEINZMAN JR** 3/14/08 239.278-4028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #