2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N04000005621

Entity Name: HIDDEN COVE AT COLONIAL RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N # 201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT
3435 10TH STREET N # 201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2612047 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, JOSEPH E
% BECKER & POLIAKOFF, P.A.
14241 METROPOLIS AVENUE, SUITE 100
FORT 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: DP ( ) Delete
Name: HEINZMAN, JOSEPH SR
Address: 9948 HORSE CREEK RD
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete
Name: SEAGARD, PETER
Address: 9944 HORSE CREEK RD
City-St-Zip: FORT MYERS, FL 33913

Title: DST ( ) Delete
Name: VENGHAUS, RICK
Address: 9946 HORSE CREEK RD
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RINI, SYLVIA
Address: 9917 HORSE CREEK RD
City-St-Zip: FORT MYERS, FL 33913

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: JOSEPH HEINZMAN, SR DP 01/29/2009

Electronic Signature of Signing Officer or Director — Date