


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 011 ****61.25

DOCUMENT # N04000008411					
1. Entity Name HIDDEN GROVE OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 4946 SEAGROVE BEACH, FL 32459		Mailing Address P.O. BOX 4946 SEAGROVE BEACH, FL 32459			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 20-1692507	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEUZE, DAVID 9064 E. COUNTY HIGHWAY 30-A PANAMA CITY BEACH, FL 32413			Name Street Address (P.O. Box Number is Not Acceptable) XXXXXXXXXX 59 Canal St City Santa Rosa Beach FL Zip Code 32459		
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 <i>David Leuze</i> DAVID LEUZE			DATE 5/1/06		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALMAN, DAVID M		NAME		
STREET ADDRESS	PO BOX 1739		STREET ADDRESS		
CITY-ST-ZIP	ANDALUSIA, AL 36420		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOLOMON, J. DANIEL		NAME		
STREET ADDRESS	2020 E. THREE NOTCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	ANDALUIS, AL 32620		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, WILLIAM H		NAME		
STREET ADDRESS	4039 E. CO. HWY. 30-A		STREET ADDRESS		
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>David McCalman</i> David McCalman			DATE 5/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		