

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 15, 2008
Secretary of State

DOCUMENT# N04000008411

Entity Name: HIDDEN GROVE OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 4946
SEAGROVE BEACH, FL 32459**New Principal Place of Business:**1213 OAKMONT DR
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 4946
SEAGROVE BEACH, FL 32459**New Mailing Address:**P.O. BOX 5279
NICEVILLE, FL 32578**FEI Number:** 20-1692507**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LEUZE, DAVID
59 CANAL ST
SANTA ROSA BEACH, FL 32459 US**Name and Address of New Registered Agent:**THOMAS, CAROL
1213 OAKMONT DR
NICEVILLE, FL 32578 US

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: E. CAROL THOMAS

09/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: MCCALMAN, DAVID M
Address: PO BOX 1739
City-St-Zip: ANDALUSIA, AL 36420Title: VD () Delete
Name: SOLOMON, J. DANIEL
Address: 2020 E. THREE NOTCH ROAD
City-St-Zip: ANDALUIS, AL 32620Title: STD () Delete
Name: SMITH, WILLIAM H
Address: 4039 E. CO. HWY. 30-A
City-St-Zip: SEAGROVE BEACH, FL 32459Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: BROWN, TAYLOR
Address: P O BOX 5279
City-St-Zip: NICEVILLE, FL 32578Title: VD (X) Change () Addition
Name: BARANOWSKI, DON
Address: 778 SCENIC GULF DR. #202
City-St-Zip: DESTIN, FL 32550Title: STD (X) Change () Addition
Name: CLARK, DEBORAH
Address: 5691 WOODROW JERNIGAN RD
City-St-Zip: DONALDSON, GA 39845Title: D () Change (X) Addition
Name: FIELD, TOM
Address: 113 WOODLAKE DR
City-St-Zip: GAINESVILLE, GA 30506Title: D () Change (X) Addition
Name: SAPP, KAREN
Address: 5 SANDERS RD
City-St-Zip: CORINTH, NY 12822

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: E. CAROL THOMAS

MGR

09/15/2008

Electronic Signature of Signing Officer or Director

Date