

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008411

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** HIDDEN GROVE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1213 OAKMONT DR  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5279  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 20-1692507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, CAROL  
1213 OAKMONT DR  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

BECKER & POLIAKOFF  
348 MIRACLE STRIP PKWY  
SUITE 7  
FORT WALTON BEACH, FL 32548 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: RAYMOND NEWMAN

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BROWN, TAYLOR  
Address: P O BOX 5279  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: BARANOWSKI, DON  
Address: 778 SCENIC GULF DR. #202  
City-St-Zip: DESTIN, FL 32550

Title: STD ( ) Delete  
Name: CLARK, DEBORAH  
Address: 5691 WOODROW JERNIGAN RD  
City-St-Zip: DONALDSON, GA 39845

Title: D ( ) Delete  
Name: FIELD, TOM  
Address: 113 WOODLAKE DR  
City-St-Zip: GAINESVILLE, GA 30506

Title: D ( ) Delete  
Name: SAPP, KAREN  
Address: 5 SANDERS RD  
City-St-Zip: CORINTH, NY 12822

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: TAYLOR BROWN

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date