

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90136 043 ****61.25

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1. Entity Name
HIDDEN RIDGE OF TARPON SPRINGS ASSOCIATION, INC.



Principal Place of Business
**1205 W FLETCHER AVENUE
SUITE C
TAMPA, FL 33612**

Mailing Address
**1205 W FLETCHER AVENUE
SUITE C
TAMPA, FL 33612**

40020 -



2. Principal Place of Business
819 S. Pinellas Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1541
Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State
Tarpon Springs, FL
Zip
34689 Country
USA

City & State
Tarpon Springs, FL
Zip
34688 Country
USA

4. FEI Number
20-2420366 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MORINA, MICHAEL J
1205 W. FLETCHER AVENUE
SUITE C
TAMPA, FL 33612**

7. Name and Address of New Registered Agent

Name
Anthony Nicholas, Jr
Street Address (P.O. Box Number is Not Acceptable)
819 S. Pinellas Ave
City
Tarpon Springs FL Zip Code
34689

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-06

**Filing Fee is \$61.25
Due by May 7, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MORINA, MICHAEL J
1205 W. FLETCHER AVENUE, SUITE C
TAMPA, FL 33612** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAYES, STEPHANIE
1205 W. FLETCHER AVENUE, SUITE C
TAMPA, FL 33612** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LILGA, ROBERT
1205 W. FLETCHER AVENUE, SUITE C
TAMPA, FL 33612** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT D
Anthony Nicholas, Jr
819 S. Pinellas Ave
Tarpon Springs, FL 34689** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V D
James A. Nicholas
819 S. Pinellas Ave
Tarpon Springs, FL 34689** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Diana J. Nicholas
819 S. Pinellas Ave
Tarpon Springs, FL 34689** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date: 4-12-06 Phone: 727-934-7478

Printed: Anthony Nicholas Jr