

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90012 028 ****61.25

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



Principal Place of Business
819 SOUTH PINELLES AVE
TARPON SPRINGS, FL 34689

Mailing Address
PO BOX 1541
TARPON SPRINGS, FL 34688



03062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

NICHOLAS, ANTHONY JR
819 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689

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IN THIS SPACE**

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 _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NICHOLAS, ANTHONY JR
819 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NICHOLAS, JAMES A
819 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
NICHOLAS, DIANA J
819 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07

Date

727-934-7478

Daytime Phone #