

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006092

FILED
Apr 08, 2009
Secretary of State

Entity Name: HIDDEN COVE WEST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

624 LAKE HENRY DR
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

624 LAKE HENRY DR
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-2862857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY ESQ
529 VERSAILLES DR SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BARONE, ALFRED
Address: 478 LAKE HENRY CIR
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: SANDERS, AGNES
Address: 459 ALLIGATOR DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: TD () Delete
Name: BROWN, JEAN
Address: 440 DOLPHIN DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BERGREN, KEN
Address: 661 LAKE HENRY LN
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD () Delete
Name: BEAGLE, ROBERT
Address: 490 LAKE HENRY CIR
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: O'GARA, WALTER
Address: 432 LAKE HENRY DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD (X) Change () Addition
Name: SANDERS, AGNES
Address: 581 LAKE HENRY DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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

Title: D (X) Change () Addition
Name: ROBERTS, RON
Address: 651 LAKE HENRY DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: PD (X) Change () Addition
Name: STANLEY, WILLIAM
Address: 549 LAKE HENRY DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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: JEAN L. BROWN

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date