

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 10, 2004
Secretary of State**

DOCUMENT# N06966

Entity Name: HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2107 HIDDEN GROVE LANE
#36-B
MERRITT ISLAND, FL 32953

New Principal Place of Business:

2107 HIDDEN GROVE LANE
33B
MERRITT ISLAND, FL 32953

Current Mailing Address:

C/O RYAN REPORTING
P.O. BOX 560204
ROCKLEDGE, FL 329560204

New Mailing Address:

ROBIN ROARK
2107 HIDDEN GROVE LANE 33B
MERRITT ISLAND, FL 32953

FEI Number: 59-3373079 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDMAN, MITCHELL
96 WILLARD STREET
SUITE 302
COCOA, FL 32922 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: STR () Delete
Name: ROARK, ROBIN
Address: 2107 HIDDEN GROVE LN #33B
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD () Delete
Name: REHM, CHUCK
Address: 4805 NAVAHO TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PD () Delete
Name: RYAN, GERRY
Address: 956 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN ROARK

STR

08/10/2004

Electronic Signature of Signing Officer or Director

_____ Date