

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90097 002 ****61.25



DOCUMENT # N06966
 1. Entity Name
HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **2107 HIDDEN GROVE LANE 33B MERRITT ISLAND FL 32953**
 Mailing Address: **ROBIN ROARK 2107 HIDDEN GROVE LANE 33B MERRITT ISLAND FL 32953**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **200 North First Street**
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State: **Cocoa Beach FL**
 City & State: **Brevard**
 Zip: **32931**
 Country: **FL**

4. FEI Number: **59-3373079**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOLDMAN, MITCHELL
 96 WILLARD STREET
 SUITE 302
 COCOA FL 32922**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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: STR NAME: ROARK, ROBIN STREET ADDRESS: 2107 HIDDEN GROVE LN #33B CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: REHM, CHUCK STREET ADDRESS: 4805 NAVAHO TRAIL CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input checked="" type="checkbox"/> Delete
TITLE: PD NAME: RYAN, GERRY STREET ADDRESS: 956 PELICAN LANE CITY-ST-ZIP: ROCKLEDGE FL 32955	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DP NAME: Wayde Wrich STREET ADDRESS: 2109 Hidden Grove Lane 22B CITY-ST-ZIP: Merritt Island FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DVP NAME: Lynette Cholewa STREET ADDRESS: 360 Quail Drive CITY-ST-ZIP: Merritt Island FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DST NAME: Ruth Oeschner STREET ADDRESS: 2109 Hidden Grove Lane 21A CITY-ST-ZIP: Merritt Island FL 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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
 Date: _____ Daytime Phone #: _____