

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06966

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2107 HIDDEN GROVE LANE  
33B  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

200 NORTH FIRST STREET  
COCOA BEACH, FL 32931

**New Mailing Address:**

FEI Number: 59-3373079      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RIGERMAN, MARILYN A  
JOE NORTH FIRST STREET  
COCOA BEACH, FL 32931      US

**Name and Address of New Registered Agent:**

RIGERMAN, MARILYN A  
200 NORTH FIRST STREET  
COCOA BEACH, FL 32931      US

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: MARILYN A. RIGERMAN

06/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WOLK, MICHAEL  
Address: 2109 HIDDEN GROVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD      ( ) Delete  
Name: WOLK, BONITA  
Address: 2109 HIDDEN GROVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VPD      (X) Delete  
Name: OESCHSNER, RUTH  
Address: 2109 HIDDEN GROVE LANE 21A  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STD      (X) Delete  
Name: SAWARYNSKI, MEGAN  
Address: 2109 HIDDEN GROVE  
City-St-Zip: MERRITT ISLAND, FL 32953

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DS      (X) Change ( ) Addition  
Name: WOLK, BONITA  
Address: 2109 HIDDEN GROVE  
City-St-Zip: MERRITT ISLAND, FL 32953

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 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: MICHAEL WOLK

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date