



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90140 016 ****61.25

DOCUMENT # N07000001206					
1. Entity Name HIDDEN RIVER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2502 NORTH ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607			Mailing Address 2502 NORTH ROCKY POINT DRIVE SUITE 1050 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent STROHAUER, GARY N ESQ C/O BAXTER STROHAUER MANNION & SILBERMANN 1150 CLEVELAND STREET SUITE 300 CLEARWATER, FL 33755				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME RYAN, JOHN M			<input type="checkbox"/> Delete	
STREET ADDRESS 2502 NORTH ROCKY POINT DRIVE SUITE 1050	CITY-ST-ZIP TAMPA, FL 33607				
TITLE SD	NAME SINGLETON, GREG			<input type="checkbox"/> Delete	
STREET ADDRESS 2502 NORTH ROCKY POINT DRIVE SUITE 1050	CITY-ST-ZIP TAMPA, FL 33607				
TITLE TD	NAME LAWSON, MICHAEL			<input type="checkbox"/> Delete	
STREET ADDRESS 2502 NORTH ROCKY POINT DRIVE SUITE 1050	CITY-ST-ZIP TAMPA, FL 33607				
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	CITY-ST-ZIP 				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 4/11/08 Daytime Phone #: 813.288.8078	
Michael Lawson					