

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90401 024 \*\*\*\*61.25

**DOCUMENT # N19249**

1. Entity Name  
**HIDDEN RIVER CORPORATE PARK ASSOCIATION, INC.**



Principal Place of Business  
**14025 RIVEREDGE DRIVE  
SUITE 130  
TAMPA, FL 33637 US**

Mailing Address  
**14025 RIVEREDGE DRIVE  
SUITE 130  
TAMPA, FL 33637 US**

**50008103**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2769120** Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUCCIO, VINCENT L.  
101 E KENNEDY BLVD 305 S. BLVD  
SUITE 3140-  
TAMPA, FL 33602  
33606**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **BOYD, BROOKS R**  
STREET ADDRESS **400 S TRYON ST, STE 1300**  
CITY-ST-ZIP **CHARLOTTE, NC 28202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **BARBARA M. DEAKIN**  
STREET ADDRESS **1408 S DESOTO AVE**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **SD** ☒ Change ☐ Addition  
NAME **BARBARA A. DEAKIN**  
STREET ADDRESS **1408 S DE SOTO AVE**  
CITY-ST-ZIP **TAMPA, FL 33606**

TITLE **T** ☐ Delete  
NAME **LAMBERT, KEVIN H**  
STREET ADDRESS **400 S TRYON ST, STE 1300**  
CITY-ST-ZIP **CHARLOTTE, FL 28202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **HATCHETT, JENNIFER**  
STREET ADDRESS **2650 MCCORMICK DR #410**  
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE **D** ☐ Change ☒ Addition  
NAME **HUGH JOYNER**  
STREET ADDRESS **14055 RIVEREDGE DR #200**  
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE **VPD** ☐ Delete  
NAME **RUFFNER, RON**  
STREET ADDRESS **2202 N. WEST SHORE BLVD**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:** Barbara Deakin **BARBARA DEAKIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/06 813-431-2811**  
Date Daytime Phone #