



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90068 044 ****61.25

DOCUMENT # N19876 1. Entity Name HIDDEN COVE EAST HOME OWNERS ASSOCIATION OF WINTER HAVEN, FLORIDA, INC.					
Principal Place of Business 400 LAKOTA BEND WINTER HAVEN, FL 33881			Mailing Address 400 LAKOTA BEND WINTER HAVEN, FL 33881		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2872582	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILL, KENNETH L 367 APACHE LN WINTER HAVEN, FL 33881				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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETELLIER, SHERMAN		NAME	Hill, Kenneth	
STREET ADDRESS	329 SIOUX DR		STREET ADDRESS	367 APACHE LANE	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, KENNETH L		NAME	Keith Lois	
STREET ADDRESS	367 APACHE LN		STREET ADDRESS	560 Cheyenne Dr.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUK, LINDA		NAME		
STREET ADDRESS	576 CHICKASAW LOOP		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICE, RICHARD		NAME	Stanton James Jr.	
STREET ADDRESS	300 SIOUX DR		STREET ADDRESS	308 Sioux Dr.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACKERMAN, ROBERTA		NAME		
STREET ADDRESS	401 LAKOTA BEND		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUGHLER, MURRAY		NAME		
STREET ADDRESS	301 SIOUX DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33881		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: Kenneth Hill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/6/07 <small>Date</small>		
			863-294-3823 <small>Daytime Phone #</small>		

ATTACHMENT

D

Stanton James Jr.

308 Sioux Dr.

Winter Haven FL 33881 # N19876

40053781

D

Crick George

additional

559 Cheyenne Dr.

Winter Haven FL 33881

Kenneth Hill Kenneth Hill 4/6/07

863-294-3823