


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

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90041 011 ****61.25

DOCUMENT # N20358
1. Entity Name
HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**556 RACHET DR., NE
WINTER HAVEN FL 33881
US**

Mailing Address
**556 RACHET DR., NE
WINTER HAVEN FL 33881
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



1st MOORE CR2E037 (10/04)

4. FEI Number **59-2796446** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD
7800-113TH N
LARGO FL 33778**

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | WHITTEN, ALVIS | |
| STREET ADDRESS | 669 CENTURY DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JERMYN, JOHN | |
| STREET ADDRESS | 552 RACKET DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | STOCKER, CLYDE | |
| STREET ADDRESS | 543 CENTURY DR. | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | WIEPERT, GLORIA | |
| STREET ADDRESS | 746 CENTURY LANE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WEIR, BILL | |
| STREET ADDRESS | 740 CENTURY LANE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FRANK, EDGAR | |
| STREET ADDRESS | 795 SANDTRAP CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHYLLIS R. SHEPPARD | |
| STREET ADDRESS | 826 BUNKER CIRCLE | |
| CITY-ST-ZIP | WINTER HAVEN, FL. 33881 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAWRENCE CONLON | |
| STREET ADDRESS | 847 NINE IRON COURT | |
| CITY-ST-ZIP | WINTER HAVEN, FL. 33881 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOROTHY IVES | |
| STREET ADDRESS | 516 CENTURY DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN, FL. 33881 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Phyllis R. Sheppard* PHYLLIS R. SHEPPARD 3/28/05 299-4816 (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #