


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 001 ****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

40030450



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

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 _____

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP	P SHEPPARD, PHYLLIS R 836 BUNKER CIRCLE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERMYN, JOHN 552 RACKET DRIVE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONLON, LAWRENCE 847 NINE IRON CT WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVES, DOROTHY 516 CENTURY DR WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, CHARLES 801 BUNKER CIRCLE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANK, EDGAR 795 SANDTRAP CIRCLE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONLON, LAWRENCE W. 847 NINE IRON CT WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNIGHT, ROBERT E. 561 RACKET DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK BEADLE 905 BUNKER CIRCLE WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKER, CLYDE 543 CENTURY DR. WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GAIL 542 CENTURY DR WINTER HAVEN, FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, PHYLLIS R. 836 BUNKER CIRCLE WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 the empowered.

SIGNATURE: *Lawrence W. Conlon* - **LAWRENCE W. CONLON PRES., FEB 20, 2007 863-298-8099**

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