


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90032 024 ****70.00

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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



02032008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
59-2796446

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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	D 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	P CONLON, LAWRENCE 847 NINE IRON CT WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IVES, DOROTHY 516 CENTURY DR WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GAIL 542 CENTURY DR WINTER HAVEN, FL 33881	<input 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	T Knight, Robert 561 RACKET DR WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Remona Knight 561 RACKET DR WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEADIE, JACK 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 905 BUNKER CIRCLE WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVES, DOROTHY 516 CENTURY DR WINTER HAVEN FL 33881	<input type="checkbox"/> Change <input checked="" 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 like empowered.

SIGNATURE: Lawrence W. Conlon - LAWRENCE W. CONLON FEB 18, 2008 863-298-8099

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