

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 12, 2009
Secretary of State**

DOCUMENT# N20358

Entity Name: HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

556 RACHET DR., NE
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

556 RACHET DR., NE
WINTER HAVEN, FL 33881 US

New Mailing Address:

FEI Number: 59-2796446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD
7800-113TH N
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KNIGHT, ROBERT
Address: 561 RACKET DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: JERMYN, JOHN
Address: 552 RACKET DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: P () Delete
Name: CONLON, LAWRENCE
Address: 847 NINE IRON CT
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: STOCKEL, CLYDE
Address: 905 BANKER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: BAKER, GAIL
Address: 542 CENTURY DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: V () Delete
Name: FRANK, EDGAR
Address: 795 SANDTRAP CIRCLE
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KNIGHT, ROBERT E
Address: 561 RACKET DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LEHMAN, JERRY
Address: 860 SANDTRAP CIR
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E KNIGHT

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date