


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 046 ****61.25

DOCUMENT # N23616	
1. Entity Name HIDDEN COVE OF LAKE TAVARES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1380 COVE PLACE TAVARES FL 32778 US	Mailing Address 1320 COVE PLACE TAVARES FL 32778 US
---	---



2. Principal Place of Business 1334 Cove Place Suite, Apt. #, etc.	3. Mailing Address 1334 Cove Place Suite, Apt. #, etc.
---	---

2nd MOORE CR2E037 (4/06)

City & State Tavares, Florida	City & State Tavares, Florida
Zip 32778	Zip 32778
Country U.S.A.	Country U.S.A.

4. FEI Number 59-2870811	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent COTTERILL, LEWIS W 1320 COVE PLACE TAVARES FL 32778	7. Name and Address of New Registered Agent Name: Arthur A. Wilde Street Address (P.O. Box Number is Not Acceptable): 1324 Cove Place City: Tavares FL Zip Code: 32778
---	--

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 Lewis W. Cotterill - Lewis W. Cotterill DATE July 21, 2006
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW: FEE IS \$61.25 Due By September 6, 2006	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 NAME STREET ADDRESS CITY - ST - ZIP	P COTTERILL, LEWIS W. 1320 COVE PLACE TAVARES FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BROCIUS, ROBERT 1321 COVE PL TAVARES FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Scott Jensen 1412 Cove Place Tavares, Fl. 32778 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHARLES PEITZ 1306 COVE PL AVARES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FJELSTUL, JILL 1311 COVE PLACE TAVARES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WILDE, ARTHUR 1324 COVE PLACE TAVARES FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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 like empowered.

SIGNATURE: Arthur A. Wilde Arthur A. Wilde July 21, 2006 (352) 343-7995