2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# N23616

Entity Name: HIDDEN COVE OF LAKE TAVARES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1324 COVE PLACE
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1324 COVE PLACE
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-2870811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILDE, ARTHUR A
1324 COVE PLACE
TAVARES, FL 32778 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:	P	( ) Delete
Name:	COTTERILL, LEWIS W.,	
Address:	1320 COVE PLACE	
City-St-Zip:	TAVARES, FL 32778	
Title:	VP	( ) Delete
Name:	JENSEN, SCOTT	
Address:	1412 COVE PLACE	
City-St-Zip:	TAVARES, FL 32778	
Title:	D	( ) Delete
Name:	CHARLES PEITZ,	
Address:	1306 COVE PL	
City-St-Zip:	AVARES, FL	
Title:	D	( ) Delete
Name:	FJELSTUL, JILL	
Address:	1311 COVE PLACE	
City-St-Zip:	TAVARES, FL	
Title:	T	( ) Delete
Name:	WILDE, ARTHUR	
Address:	1324 COVE PLACE	
City-St-Zip:	TAVARES, FL 32778	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ARTHUR A. WILDE TRES 01/17/2007
Electronic Signature of Signing Officer or Director — Date