

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23616

FILED  
Feb 27, 2008  
Secretary of State

**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: D (X) Change ( ) Addition  
Name: CHARLES PEITZ,  
Address: 1306 COVE PL  
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change ( ) Addition  
Name: FJELSTUL, JILL  
Address: 1311 COVE PLACE  
City-St-Zip: TAVARES, FL 32778

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

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: ARTHUR A. WILDE

T

02/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date