2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N27825

Entity Name: HIDDEN HAMMOCKS ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DR
POMPANO BEACH, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

953 UNIVERSITY DR
POMPANO BEACH, FL 33071 US

New Mailing Address:

FEI Number: 65-0029132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITTLE, CYNTHIA
953 UNIVERSITY DR
POMPANO BEACH, FL 33067 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: DP ( ) Delete
Name: BASE, TOM
Address: 5100 ROTHCHILD DR.
City-St-Zip: POMPANO BEACH, FL 33067

Title: DS ( ) Delete
Name: TOTH, TOM
Address: 5051 PERIGNON WAY
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Delete
Name: SCOTT, MATCHURIS
Address: 4837 CHARDONNAS DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: ARONSON, DAVID
Address: 4860 ROTHCHILD DR
City-St-Zip: CORAL SPRINGS, FL 33067

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:

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: TOM BASE P 04/16/2009

Electronic Signature of Signing Officer or Director — Date