

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31570

FILED
Feb 23, 2009
Secretary of State

Entity Name: HIDDEN HARBOUR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O INFINITI PROPERTY MANAGEMENT, INC,
1301 SEMINOLE BLVD, #110
LARGO, FL 33770 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT, INC,
1301 SEMINOLE BLVD, #110
LARGO, FL 33770 US

Current Mailing Address:

C/O INFINITI PROPERTY
1301 SEMINOLE BLVD #110
LARGO, FL 33770 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT., INC.
1301 SEMINOLE BLVD #110
LARGO, FL 33770 US

FEI Number: 59-2991184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BLVD STE 110
LARGO, FL 33770 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

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: MARY A. WHITE

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: KEEGAN, CAROL
Address: 701 HIDDEN HBR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: FORTNER, RANDY
Address: 703 HIDDEN HARBOUR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD () Delete
Name: HUNT, PHYLLIS
Address: 612 HIDDEN HARBOUR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: VD () Delete
Name: KLINE, DAVID
Address: 905 HIDDEN HARBOUR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD () Delete
Name: HOWELL, ED
Address: 612 HIDDEN HARBOUR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: D () Delete
Name: LITZMAN, JUNE
Address: 709 HIDDEN HARBOUR DR
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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:

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: ED HOWELL

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date