

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90048 015 ****61.25

DOCUMENT # N38057
 1. Entity Name
HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2742 WILSON CT. **2742 WILSON CT.**
PALM HARBOR FL 34684-3946 **PALM HARBOR FL 34684-3946**
US **US**

24024786



MOORE CR2E037 (11/03)

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

City & State City & State

4. FEI Number Applied For
59-3009523 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GAINES, BARBARA C MS
2742 WILSON CT
PALM HARBOR FL 34684-3946

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *Barbara C Gaines* DATE: *3/16/04*
(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 May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	SALZER, GARY	
STREET ADDRESS	2764 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAINES, MS. BARBARA C	
STREET ADDRESS	2742 WILSON CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTZ, MISTY	
STREET ADDRESS	2760 BRAHAM CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTZ, MISTY	
STREET ADDRESS	2760 BRAHAM CT.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara C Gaines* DATE: *3/16/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #