

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90015 018 ****61.25

DOCUMENT # N38057

1. Entity Name

HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

2742 WILSON CT.
 PALM HARBOR FL 34684-3946
 US

Mailing Address

2742 WILSON CT.
 PALM HARBOR FL 34684-3946
 US



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3009523

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAINES, BARBARA C MS
2742 WILSON CT
PALM HARBOR FL 34684-3946

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ST	<input type="checkbox"/> Delete
NAME	PEACY, JILL	
STREET ADDRESS	2761 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D <i>Dohner</i>	<input type="checkbox"/> Delete
NAME	DENVER, DONALD	
STREET ADDRESS	2762 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D <i>Nolan</i>	<input type="checkbox"/> Delete
NAME	NOLAN, MARTIN	
STREET ADDRESS	2765 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAINES, BARBARA C	
STREET ADDRESS	2742 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP <i>Salzer</i>	<input type="checkbox"/> Delete
NAME	SIZLER, GARY	
STREET ADDRESS	2764 WILSON CT	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 exemptions contained in Section 119, 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. *Barbara C Gaines*

SIGNATURE: _____

Barbara C Gaines Pres. 2/8/08 1-727-785-3060