

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38057

FILED  
May 17, 2009  
Secretary of State

**Entity Name:** HIDDEN GROVE COURT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2742 WILSON CT.  
PALM HARBOR, FL 346843946 US

**New Principal Place of Business:**

**Current Mailing Address:**

2742 WILSON CT.  
PALM HARBOR, FL 346843946 US

**New Mailing Address:**

**FEI Number:** 59-3009523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GAINES, BARBARA C MS  
2742 WILSON CT  
PALM HARBOR, FL 346843946 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: ST ( ) Delete  
Name: PEACY, JILL  
Address: 2761 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: DENVER, DONALD  
Address: 2762 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete  
Name: NOLALV, MARTIN  
Address: 2765 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: P ( ) Delete  
Name: GAINES, BARBARA C  
Address: 2742 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP ( ) Delete  
Name: SIZLZER, GARY  
Address: 2764 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: ILLG, JILL  
Address: 2761 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

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: BARBARA GAINES

P

05/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date