

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38057

FILED  
Apr 22, 2012  
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 ( )

**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: PST  
Name: GAINES, BARBARA  
Address: 2742 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D  
Name: DOHNER, DONALD  
Address: 2762 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D  
Name: NOLAN, MARTIN  
Address: 2765 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: VP  
Name: SALZER, GARY  
Address: 2764 WILSON CT  
City-St-Zip: PALM HARBOR, FL 34684

Title: D  
Name: FISCH, RACHEL  
Address: 686 CHANNING DRIVE  
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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 all other like empowered.

SIGNATURE: BARBARA C GAINES

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04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date