

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39020

FILED
Apr 04, 2007
Secretary of State

Entity Name: HIDDEN HAMMOCK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

WADE TIMPNER
5997 DRAGOON CT.
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

WADE TIMPNER
5997 DRAGOON CT.
ALVA, FL 33920

New Mailing Address:

FEI Number: 65-0253765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIMPNER, WADE M
5997 DRAGOON CT.
ALVA, FL 33920 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: PD () Delete
Name: CRITELLI, NICK
Address: 115 - 22ND AVE. S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D () Delete
Name: TIMPNER, WADE
Address: 5997 DRAGOON COURT
City-St-Zip: ALVA, FL 33920

Title: D () Delete
Name: SWITEER, WAYNE
Address: 5761 HIDDEN HAMMOCK DR.
City-St-Zip: ALVA, FL 33920

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: COWEN, MARTHA A
Address: 5878 DRAGOON DRIVE
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA A. COWEN

T

04/04/2007

Electronic Signature of Signing Officer or Director

Date