

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90030 033 ****61.25

DOCUMENT # N39072

1. Entity Name

**HIDDEN GLEN SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

C/O MICHAEL COSTANZO
3937 HIDDEN GLEN DR
SARASOTA FL 34241
US

Mailing Address

C/O MICHAEL COSTANZO
3937 HIDDEN GLEN DR
SARASOTA FL 34241
US

2. Principal Place of Business

c/o Patrick Graham
3966 Hidden Glen Dr
SARASOTA, FL

3. Mailing Address

c/o Patrick Graham
3966 Hidden Glen Dr
SARASOTA, FL



MOORE CR2E037 (11/03)

City & State

Zip

Country

US

City & State

Zip

US

Country

US

4. FEI Number

65-0218016

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTANZO, MICHAEL
3937 HIDDEN GLEN DR
SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name **PATRICK GRAHAM**

Street Address (P.O. Box Number is Not Acceptable)

3966 Hidden Glen Dr

City **SARASOTA**

FL

Zip Code

34241

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 **Patrick Graham**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/04

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 **PD** ☐ Delete
NAME **GRAHAM, PATRICK**
STREET ADDRESS **3786 HIDDEN GLEN DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **SD** ☐ Delete
NAME **GRAHAM, DIANNA**
STREET ADDRESS **3937 HIDDEN GLEN DR.**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **TD** ☐ Delete
NAME **SWEETING, PATRICIA**
STREET ADDRESS **3958 HIDDEN GLEN DR**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VD** ☐ Delete
NAME **BINGWANDER, JOE**
STREET ADDRESS **3946 HIDDEN GLEN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☒ Change ☐ Addition
NAME **PATRICK Graham**
STREET ADDRESS **3966 Hidden Glen Dr**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **SD** ☒ Change ☐ Addition
NAME **Dianna Graham**
STREET ADDRESS **3966 Hidden Glen Dr.**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VO** ☒ Change ☐ Addition
NAME **JOE Binswanger**
STREET ADDRESS **3963 Hidden Glen Dr.**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **PATRICK GRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick Graham 2/26/04 941-320-7589