

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39072

FILED
Apr 20, 2008
Secretary of State

Entity Name: HIDDEN GLEN SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOE BINSWANGER
3963 HIDDEN GLEN DR
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

C/O JOE BINSWANGER
3963 HIDDEN GLEN DR
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 65-0218016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINSWANGER, JOE
3963 HIDDEN GLEN DR
SARASOTA, FL 34241 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: BINSWANGER, JOE
Address: 3963 HIDDEN GLEN DR
City-St-Zip: SARASOTA, FL 34241

Title: VD () Delete
Name: SHEPARD, LINDA
Address: 3910 HIDDEN GLEN DR
City-St-Zip: SARASOTA, FL 34241

Title: TD () Delete
Name: SWEETING, PATRICIA
Address: 3958 HIDDEN GLEN DR
City-St-Zip: SARASOTA, FL 34241

Title: SD () Delete
Name: SLATTERY, MARGE
Address: 3957 HIDDEN GLEN DR
City-St-Zip: SARASOTA, FL 34241

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: () 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: JOE BINSWANGER

PD

04/20/2008

Electronic Signature of Signing Officer or Director

Date