

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39072

FILED
Apr 28, 2009
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

Current Mailing Address:

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

New Principal Place of Business:

C/O LINDA A. SHEPARD
3910 HIDDEN GLEN DRIVE
SARASOTA, FL 34241 US

New Mailing Address:

C/O LINDA A. SHEPARD
3910 HIDDEN GLEN DRIVE
SARASOTA, FL 34241 US

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:

SHEPARD, LINDA A
3910 HIDDEN GLEN DRIVE
SARASOTA, FL 34241 US

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: LINDA A. SHEPARD

04/28/2009

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: PRES (X) Change () Addition
Name: SHEPARD, LINDA A
Address: 3910 HIDDEN GLEN DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Change () Addition
Name: COSTANZA, MICHAEL
Address: 3937 HIDDEN GLEN DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD (X) Change () Addition
Name: GRAHAM, DIANNA
Address: 3966 HIDDEN GLEN DRIVE
City-St-Zip: SARASOTA, FL 34241

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: LINDA A. SHEPARD

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date