2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2008 8:00 am
Secretary of State
03-18-2008 90018 042 ****61.25

DOCUMENT # N42156

1. Entity Name

HIDDEN COVE OF SOUTH BREVARD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 510272 MELBOURNE BCH. FL 32951 US	P. O. BOX 510272 MELBOURNE BCH. FL 32951 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 131 Hidden Cove Dr.	Suite, Apt. #, etc.
City & State Melbourne Bch., FL	City & State
Zip 32951 Country USA	Zip Country

4. FEI Number 59-3054254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSLEY, CURTIS R. ESQUIE 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEKMEZIAN, DEAN 150 HIDDEN COVE DR MELBOURNE BCH. FL 32951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dan Savage 131 Hidden Cove Dr. Melbourne Bch., FL 32951 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President #1 RHODES, KEITH 138 HIDDEN COVE DR MELBOURNE BCH. FL 32951	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELCHIORI, RICK 135 HIDDEN COVE DR MELBOURNE BCH. FL 32951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President #2 Al Haas 145 Hidden Cove Dr. Melbourne Bch.,FL 32951 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BENNETT, JOHN A 141 HIDDEN COVE DR MELBOURNE BEACH FL 32951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Len Cahill 143 Hidden Cove Dr. Melbourne Bch.,FL 32951 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Len Cahill 3-16-2008 321-956-0068