

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 02, 2004 08:00 AM

Secretary of State

DOCUMENT # N48872

1. Entity Name
**HIDDEN ISLAND ESTATES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**7802 HIDDEN ISLAND LANE
TEMPLE TERRACE, FL 33617 US**

Mailing Address
**7802 HIDDEN ISLAND LANE
TEMPLE TERRACE, FL 33617 US**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCORMICK, SUSAN
7802 HIDDEN ISLAND LANE
TEMPLE TERRACE, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOSS, RICHARD O
STREET ADDRESS	7804 HIDDEN ISLAND LANE
CITY - ST - ZIP	TEMPLE TERRACE, FL
TITLE	PTS
NAME	MCCORMICK, CARL OR SUSAN
STREET ADDRESS	7802 HIDDEN ISLAND LN
CITY - ST - ZIP	TEMPLE TERRACE, FL
TITLE	P
NAME	PEEK, BILLY/STACY
STREET ADDRESS	7808 HIDDEN ISLAND LN
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	TAYLOR, BILL
STREET ADDRESS	7806 HIDDEN ISLAND LN
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
TITLE	D
NAME	APRILE, DANNY/ANGELA
STREET ADDRESS	7810 HIDDEN ISLAND LANE
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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06/02/04-80001-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Susan McCormick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04 *813 486 3923*
Date Daytime Phone #