

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 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



DO NOT WRITE IN THIS SPACE

04162005 No Chg-NP CR2E037 (10/03)

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 R/S if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

000000318165
04/20/05-80049-003 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Susan McCormick 4-16-05 813 989 3937