


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N48872 1. Entity Name HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 7802 HIDDEN ISLAND LANE TEMPLE TERRACE, FL 33617 US	Mailing Address 7802 HIDDEN ISLAND LANE TEMPLE TERRACE, FL 33617 US
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04162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	100000512685 05/02/06-80023-011 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSS, RICHARD O 7804 HIDDEN ISLAND LANE TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MCCORMICK, CARL OR SUSAN 7802 HIDDEN ISLAND LN TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEEK, BILLY/STACY 7808 HIDDEN ISLAND LN TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BILL 7806 HIDDEN ISLAND LN TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APRILE, DANNY/ANGELA 7810 HIDDEN ISLAND LANE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 D McCormick* **4-16-06 813-989-3937**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #