2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2009
Secretary of State

DOCUMENT# N48872

Entity Name: HIDDEN ISLAND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7802 HIDDEN ISLAND LANE
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

7802 HIDDEN ISLAND LANE
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOSS, RICHARD/ELINOR
Address: 7804 HIDDEN ISLAND LANE
City-St-Zip: TEMPLE TERRACE, FL

Title: PTS ( ) Delete
Name: MCCORMICK, CARL OR SUSAN
Address: 7802 HIDDEN ISLAND LN
City-St-Zip: TEMPLE TERRACE, FL

Title: P ( ) Delete
Name: PEEK, BILLY/STACY
Address: 7808 HIDDEN ISLAND LN
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: TAYLOR, BILL/DONNA
Address: 7806 HIDDEN ISLAND LN
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: APRILE, DANNY/ANGELA
Address: 7810 HIDDEN ISLAND LANE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: CRISSMAN, THOMAS/ULE
Address: 7808 HIDDEN ISLAND LN
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARL MCCORMICK D 08/18/2009
Electronic Signature of Signing Officer or Director — Date