


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90014 043 ****61.25

DOCUMENT # N50288
1. Entity Name
HIDDEN GROVE COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**783 BONNIE BLVD
PALM HARBOR FL 34684
US**

Mailing Address
**PO BOX 453
PALM HARBOR FL 34682
US**

2. Principal Place of Business
2735 Faith Circle

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State

Zip
34684

Country
Pinellas

Zip

Country



6. Name and Address of Current Registered Agent
**CIANFRONE, JOSEPH
1968 BAYSHORE BLVD
DUNEDIN FL 34698**

4. FEI Number
59-2633914

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORELLI, TERESA	
STREET ADDRESS	604 CHANNING DR.	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLS, JIM	
STREET ADDRESS	751 BONNIE BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHLEICHER, MARILYN	
STREET ADDRESS	783 BONNIE BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	KAUFMAN, KEITH	
STREET ADDRESS	605 CHANNING DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHROEDER, DONNA	
STREET ADDRESS	2735 FAITH CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corelli, Teresa	
STREET ADDRESS	604 Channing Drive	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kim Bradley	
STREET ADDRESS	2714 Jeffery Drive	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. O'Leary	
STREET ADDRESS	2752 Monica Lane	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Keith E. Kaufman* **Keith E. Kaufman** 2/29/04 727-894-7978 Ext 111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #