


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 026 ****61.25

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

Principal Place of Business 2714 JEFFERY DR 491 Bonnie Blvd PALM HARBOR FL 34684 US	Mailing Address PO BOX 453 PALM HARBOR FL 34682 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01192006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2633914		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 CIAFRONE, JOSEPH 1968 BAYSHORE BLVD DUNEDIN, FL 34698		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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLECK, JACK	NAME	
STREET ADDRESS	2726 JEFFERY DR	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, KIM	NAME	Randy Hoge
STREET ADDRESS	2714 JEFFERY DRIVE	STREET ADDRESS	491 Bonnie Blvd
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LEARY, THOMAS J	NAME	John Harrell
STREET ADDRESS	2752 MONICA LANE	STREET ADDRESS	2737 Jeffery Dr.
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	Palm Harbor FL 34684
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLENTORIAL, CRYSTAL	NAME	
STREET ADDRESS	2702 JEFFERY DR	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEICHER, MARILYN	NAME	Blair Walter
STREET ADDRESS	783 BONNIE BLVD	STREET ADDRESS	2739 Faith Circle
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 