## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50288

FILED Apr 02, 2009 Secretary of State

Entity Name: HIDDEN GROVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2726 JEFFREY DRIVE PALM HARBOR, FL 34684 US **Current Mailing Address: New Mailing Address:** PO BOX 453 PALM HARBOR, FL 34682 US FEI Number: 59-2633914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAGADDINO, ROSEANNA T FLECK, JACK 2726 JÉFFREY DRIVE 2725 JEFFREY DRIVE PALM HARBOR, FL 34684 PALM HARBOR, FL 34684 US US 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: ROSEANNA MAGADDINO 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLECK, JACK Name: Name: 2726 JEFFREY DR Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: () Delete Title: () Change () Addition HARRELL, JOHN Name: Name: Address: 2737 JEFFREY DR Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: Title: VΡ () Delete Title: (X) Change ( ) Addition PLENTORIAL, CRYSTAL Name: PLENTOVICH, CRYSTAL Name: 2702 JEFFREY DR 2702 JEFFREY DR Address: Address: City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 Title: ( ) Delete Title: (X) Change ( ) Addition Name: WALLER, BLAIR Name: WALLER, BLAIR Address: 2739 FAITH CIR Address: 2739 FAITH CIR City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: ( ) Change (X) Addition CANN, SHAWNA Name: Name: 419 BONNIE BLVD Address: Address: City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: ( ) Change (X) Addition MAGADDINO, ROSEANNA Name: Name: Address: Address: 2725 JEFFREY DR PALM HARBOR, FL 34684 City-St-Zip: 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: ROSEANNA MAGADDINO T 04/02/2009