

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90118 016 \*\*\*\*61.25

**DOCUMENT # N94000001945**

1. Entity Name

**HIDDEN COVE WEST MOBILE HOME OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**624 LAKE HENRY DRIVE  
WINTER HAVEN FL 33881  
US**

Mailing Address

**682 MAITLAND AVENUE  
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-2862857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLLING, LEE JAY  
682 MAITLAND AVENUE  
ALTAMONTE SPRINGS FL 32701**

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 PD ☒ Delete  
NAME LOCKHART, RAY  
STREET ADDRESS 662 LAKE HENRY LANE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE VD ☐ Delete  
NAME LIPPITT, ROGER  
STREET ADDRESS 657 LK. HENRY LANE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE SD ☒ Delete  
NAME LEASURE, MAGGIE  
STREET ADDRESS 600 LAKE HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE TD ☒ Delete  
NAME TREACHER, MARCIA  
STREET ADDRESS 608 LK. HENRY DR  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE DD ☒ Delete  
NAME ROSSMAN, WILLIAM H  
STREET ADDRESS 503 LAKE HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition  
NAME ROSSMAN, WILLIAM H  
STREET ADDRESS 503 LAKE HENRY DRIVE  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition  
NAME BENNETT, SUSAN F  
STREET ADDRESS 403 EGRET DRIVE  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE TD ☐ Change ☐ Addition  
NAME BROWN, JEAN L  
STREET ADDRESS 440 DOLPHIN DRIVE  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE DD ☐ Change ☐ Addition  
NAME BARONE, ALFRED F  
STREET ADDRESS 478 LAKE HENRY CIRCLE  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Alan L. Brown*

*3/19/06*