

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90009 006 ****61.25

DOCUMENT # N95000005680 1. Entity Name HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 210 HIDDEN BAY DR OSPREY, FL 34229 US			Mailing Address COMPLETE PROFESSIONAL ADMIN., INC. P.O. BOX 20096 SARASOTA, FL 34276-3096 US		
2. Principal Place of Business 1801 GLENGARY ST Suite, Apt. #, etc.		3. Mailing Address 1801 GLENGARY ST Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number 65-0634912	
Zip 34231		Country SARASOTA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC 2100 CONSTITUTION BLVD SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name PROGRESSIVE COMMUNITY MGMT, INC. Street Address (P.O. Box Number is Not Acceptable) 1801 GLENGARY ST City SARASOTA FL Zip Code 34231	
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 <u><i>Jim Markel</i></u> JIM MARKEL - MGR DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, DAN 210 HIDDEN BAY DRIVE OSPREY, FL 34229	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERRI NAKAMOTO 210 HIDDEN BAY DR. OSPREY, FL 34229	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENEAU, BARBARA 210 HIDDEN BAY DRIVE OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WELLS, JERRY 210 HIDDEN BAY DRIVE OSPREY, FL 34229	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: <u><i>Barbara Deneau</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>1/23/04</u> Daytime Phone # <u>918-8867</u>		

MAIL