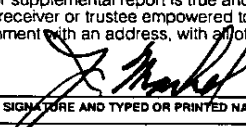


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90286 037 ****61.25

DOCUMENT # N95000005680 1. Entity Name HIDDEN BAY NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1801 GLENGARY ST. SARASOTA, FL 34231 US			Mailing Address 1801 GLENGARY ST. SARASOTA, FL 34231 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0634912				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PROGRESSIVE COMMUNITY MGMT, INC 1801 GLENGARY ST. SARASOTA, FL 34231	
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					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAKAMOTO, KERRI 210 HIDDEN BAY DRIVE OSPREY, FL 34229	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAKAMOTO, KERRI 281 HIDDEN BAY DRIVE, # 202
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	VD
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	S/T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE 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 another like empowered.					
SIGNATURE:  Jim MARKEL 4/15/05 941-921-5393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					