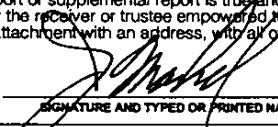


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90007 032 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0634912	
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, 2008		9. Election Campaign Financing ☐ \$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 TROWNBRIDGE, KERRY 9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GULLO, VINCE 9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD KNIZNER, DAVE 9001 DANIELS PKWY SUITE 200 FORT MYERS, FL 33912	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS MARKEL, JIM 1801 GLENGARY STREET SARASOTA, FL 34231	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AT SUTTON, WILLIAM 1801 GLENGARY STREET SARASOTA, FL 34231	☐ Delete			
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 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:  Jim MARKEL 3/28/08 941-921-5393 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					