2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000610

FILED Apr 18, 2005 Secretary of State

Entity Name: HIDDEN PINES AT COUNTRYSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3060 ALTERNATE 19 N 3060 ALTERNATE 19 N

SUITE B-15 SUITE B-15

PALM HARBOR, FL 346831929 PALM HARBOR, FL 346831929 US

Current Mailing Address: New Mailing Address:

3060 ALTERNATE 19 N 3060 ALTERNATE 19 N

SUITE B-15 SUITE B-15

PALM HARBOR, FL 346831929 PALM HARBOR, FL 346831929 US

FEI Number: 59-3383992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHETZEL, TERRI B CMCA WHETZEL, TERRI B

2165 TREVOR RD 3060 ALTERNATE 19 NORTH

PALM HARBOR, FL 346831733 US B-15
PALM HARBOR, FL 346831929 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: TERRI B. WHETZEL 04/18/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 MELTON, MICHELLE
 Name:
 HAMILTON, DAVID

 Address:
 2451 HICKMAN CIRCLE
 Address:
 2482 HICKMAN CIRCLE

City-St-Zip: CLEARWTER, FL 337612990 City-St-Zip: CLEARWATER, FL 337612975 US

Title: VPD () Delete Title: VPD (X) Change () Addition Name: HAMILTON, SUZANNE Name: PADAGS, ERIC H

Address: 2482 HICKMAN CIR Address: 2469 HICKMAN CIRCLE

City-St-Zip: CLEARWATER, FL 337612975 City-St-Zip: CLEARWATER, FL 337612990 US

Title: STD () Delete Title: STD (X) Change () Addition JOHNSON, DEBORAH A Name: BLACKMORE, KIMBERLY A Name: 2455 HICKMAN CIRCLE Address: Address: 2467 HICKMAN CIRCLE City-St-Zip: CLEARWATER, FL 337612990 City-St-Zip: CLEARWATER, FL 337612990 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID HAMILTON PD 04/18/2005