2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N96000000610

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

Current Principal Place of Business:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WHETZEL, TERRI B
600 EAST TARPON AVENUE
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: SKEIM, JEFFREY T
Address: 2457 HICKMAN CIRCLE
City-St-Zip: CLEARWATER, FL 33761 US

Title: SD ( ) Delete
Name: AHNEMILLER, JAMES
Address: 2459 HICKMAN CIRCLE
City-St-Zip: CLEARWATER, FL 33761 US

Title: TD ( ) Delete
Name: STEVENS, HEATHER
Address: 2481 HIDDEN PINES LANE
City-St-Zip: CLEARWATER, FL 33761 US

Title: PD (X) Delete
Name: VOLPE, ROBERT
Address: 2473 HICKMAN CIRCLE
City-St-Zip: CLEARWATER, FL 33761 US

Title: D (X) Delete
Name: BLANDFORD, ALICE
Address: 2469 HIDDEN PINES LANE
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VOLPE, ROBERT
Address: 2473 HICKMAN CIRCLE
City-St-Zip: CLEARWATER, FL 33761 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT VOLPE PD 03/29/2009

Electronic Signature of Signing Officer or Director — Date