

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001490

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** HIDDEN COVE BEACH HOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3333 WEST KENNEDY BOULEVARD  
203  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

3333 WEST KENNEDY BOULEVARD  
203  
TAMPA, FL 33609

**New Mailing Address:**

6101 MARINA DR  
HOLMES BEACH, FL 34217

**FEI Number:** 59-3395072

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOBBS, ROBERT S  
4304 W EL PRADO BOULEVARD  
TAMPA, FL 33629 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: D ( ) Delete  
Name: RUYLE, JAMES  
Address: 3333 WEST KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: VOLENEC, GARY  
Address: 308 INNER HARBOR CIRCLE  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: GAYLORD, S. CARY  
Address: 5001 W CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: HOBBS, ROBERT S  
Address: 4304 W EL PRADO BOULEVARD  
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete  
Name: JAEGER, KAREN M  
Address: 2917 TAMBAY AVENUE  
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete  
Name: DIAZ, DELVIS H  
Address: 13075 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPLE TERRACE, FL 33637

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

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:

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: JIM RUYLE

PRES

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date