


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90071 013 ****70.00

DOCUMENT # N98000001836	
1. Entity Name HIDDEN BAY VILLAGE PHASE TWO HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business PO BOX 5571 NAVARRE FL 32566	Mailing Address PO BOX 5571 NAVARRE FL 32566
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3587057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZWEIGBAUM, RHODA 2940 HIDDEN BAY BLVD. NAVARRE FL 32566	
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** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZWEIGBAUM, RHODA 2940 HIDDEN BAY BLVD. NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYDEN, JOHN 2945 HIDDEN BAY BLVD NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TROMBETTI, MIKE 2924 HIDDEN BAY BLVD NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3D. MEMBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KENNETH MILLER 2908 HIDDEN BAY BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LINDELOW, ROGER 2929 HIDDEN BAY BLVD NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ELAINE CARTER 7146 MAJESTIC BLVD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TROMBETTI, HANNAH 2924 HIDDEN BAY BLVD NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MATTHEW KELLY 2944 HIDDEN BAY BLVD. NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Rhoda Zweigbaum **RHODA ZWEIGBAUM** 4/19/07 (850) 936-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #