2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N99000005553

Entity Name: ONIC-HIDDEN COVE, INC.

Current Principal Place of Business:

101 SOUTH TERRY AVENUE
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

101 SOUTH TERRY AVENUE
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3598686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ANSLEY, ROBERT E JR.
101 SOUTH TERRY AVENUE
ORLANDO, FL 32805 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:	P	( ) Delete
Name:	ANSLEY, ROBERT E JR.	
Address:	101 S. TERRY AVENUE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	V	( ) Delete
Name:	FRINCKE, ROBERT B JR.	
Address:	101 S. TERRY AVENUE	
City-St-Zip:	ORLANDO, FL 32805	
Title:	CD	( ) Delete
Name:	MARTIN, AIDA	
Address:	400 W. CHURCH STREET	
City-St-Zip:	ORLANDO, FL 32801	
Title:	VCD	( ) Delete
Name:	KELLY, SARAH	
Address:	20 N. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	
Title:	STD	( ) Delete
Name:	RIDINGER, CRAIG	
Address:	100 COLONIAL CENTER PARKWAY	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	MELLEN, ROBERT	
Address:	255 S. ORANGE AVENUE	
City-St-Zip:	ORLANDO, FL 32801	

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:	CD	(X) Change ( ) Addition
Name:	MARTIN, AIDA	
Address:	400 W CHURCH STREET	
City-St-Zip:	ORLANDO, FL 32801	

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: SARAH KELLY VCD 04/27/2007

Electronic Signature of Signing Officer or Director — Date