

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747213

**FILED**  
**Mar 05, 2018**  
**Secretary of State**  
**CC4138696761**

**Entity Name:** HIDDEN BAY VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

7300 SUNSHINE SKYWAY LANE  
OFFICE MAILBOX  
ST PETERSBURG, FL 33711

**Current Mailing Address:**

C/O SCOTT PROPERTY SERVICES, LLC  
P.O. BOX 47351  
ST. PETERSBURG, FL 33743 US

**FEI Number:** 59-2124427

**Certificate of Status Desired:** No

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

SPS, LLC  
C/O SCOTT PROPERTY SERVICES, LLC  
P.O. BOX 47351  
ST. PETERSBURG, FL 33743 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:** SPS

03/05/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	KENNEDY, WILLIAM
Address	7300 SUNSHINE SKYWAY LANE OFFICE MAILBOX
City-State-Zip:	ST PETERSBURG FL 33711
Title	PRESIDENT
Name	MONNETT, JOHN
Address	C/O SCOTT PROPERTY SERVICES, LLC P.O. BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

Title	SECRETARY, TREASURER
Name	GOULD, DONNA
Address	C/O SCOTT PROPERTY SERVICES, LLC P.O. BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743
Title	MANAGER
Name	CELLAMARE, SCOTT
Address	C/O SCOTT PROPERTY SERVICES, LLC P.O. BOX 47351
City-State-Zip:	ST. PETERSBURG FL 33743

*I hereby 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 all other like empowered.*

**SIGNATURE:** SCOTT CELLAMARE

MANAGER

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date