

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747213

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

**Current Principal Place of Business:**

C/O SPS  
PO BOX 47351 ST. PETERSBURG  
ST PETERSBURG, FL 33743

**Current Mailing Address:**

SPS  
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 SPS  
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

05/03/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KENNEDY, WILLIAM  
Address SPS  
P.O. BOX 47351  
City-State-Zip: ST. PETERSBURG FL 33743

Title SECRETARY  
Name GOULD, DONNA  
Address C/O SPS  
P.O. BOX 47351  
City-State-Zip: ST. PETERSBURG FL 33743

Title VP  
Name MONNETT, JOHN  
Address SPS  
P.O. BOX 47351  
City-State-Zip: ST. PETERSBURG FL 33743

Title MANAGER  
Name LLC, SPS  
Address SPS  
P.O. BOX 47351  
City-State-Zip: ST. PETERSBURG FL 33743

Title PRESIDENT  
Name NICHOLSON, RONNIE  
Address SPS  
P.O. BOX 47351  
City-State-Zip: ST. PETERSBURG FL 33743

Title DIRECTOR  
Name KLAEHN, KENNETH  
Address SPS  
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:** SPS LLC

MANAGER

05/03/2022

Electronic Signature of Signing Officer/Director Detail

Date