

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006659

**Entity Name:** HIDDEN COVE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2500 W. LAKE MARY BLVD  
SUITE 208  
LAKE MARY, FL 32746

**Current Mailing Address:**

P O BOX 951959  
LAKE MARY, FL 32795 US

**FEI Number: 59-3675451**

**Certificate of Status Desired: No**

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

ALL ABOUT MANAGEMENT, INC.  
2500 W. LAKE MARY BLVD  
SUITE 208  
LAKE MARY, FL 32746 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name KAPPIL, ABRAHAM  
Address P O BOX 951959  
City-State-Zip: LAKE MARY FL 32795

Title PRESIDENT  
Name JAHAGIRDAR, SUDHIR  
Address P O BOX 951959  
City-State-Zip: LAKE MARY FL 32795

Title TREASURER  
Name MARTIN, MANNY  
Address P O BOX 951959  
City-State-Zip: LAKE MARY FL 32795

Title DIRECTOR  
Name WAQUESPACK, BLAISE  
Address P O BOX 951959  
City-State-Zip: LAKE MARY FL 32795

Title DIRECTOR  
Name MEADOR, LESLIE  
Address P O BOX 951959  
City-State-Zip: LAKE MARY FL 32795

*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: SUDHIR JAHAGIRDAR**

**PRESIDENT**

**04/20/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date