

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004968

**Entity Name:** HIDDEN COVE ESTATES ORLANDO HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3634 SHELL COVE LANE  
ORLANDO, FL 32817**Current Mailing Address:**3634 SHELL COVE LANE  
ORLANDO, FL 32817**FEI Number:** 20-0200886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARONE, SYLVIA  
3634 SHELL COVE LANE  
ORLANDO, FL 32817 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:** SYLVIA BARONE

01/31/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | DP                   |
| Name            | BARONE, SYLVIA       |
| Address         | 3634 SHELL COVE LANE |
| City-State-Zip: | ORLANDO FL 32817     |

|                 |                    |
|-----------------|--------------------|
| Title           | DV                 |
| Name            | KLODZINSKI, JACK   |
| Address         | P.O. BOX 1608      |
| City-State-Zip: | GOLDENROD FL 32733 |

|                 |                    |
|-----------------|--------------------|
| Title           | DST                |
| Name            | ALILIN, NOI        |
| Address         | 8616 CAPTIVA COURT |
| City-State-Zip: | ORLANDO FL 32817   |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | WALTER, YVONE        |
| Address         | 3628 SHELL COVE LANE |
| City-State-Zip: | ORLANDO FL 32817     |

*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:** SYLVIA BARONE**PRESIDENT**

01/31/2020

Electronic Signature of Signing Officer/Director Detail

Date