2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50288

Entity Name: HIDDEN GROVE COMMUNITY ASSOCIATION, INC.

FILED Feb 02, 2021 Secretary of State 9890155243CC

Current Principal Place of Business:

2729 NICOLE CIRCLE PALM HARBOR, FL 34684

Current Mailing Address:

PO BOX 453

PALM HARBOR. FL 34682 US

FEI Number: 59-2633914 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOUDREAUX, ERNEST ADAM DR. 2729 NICOLE CIRCLE PALM HARBOR, FL 34684 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: ERNEST BOUDREAUX 02/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	VP	Title	TREASURER
Name	OLSON, ELIZABETH	Name	LEVANAKU, ANJEZA
Address	2797 JEFFREY DR.	Address	2785 JEFFREY DR
City-State-Zip:	PALM HARBOR FL 34684	City-State-Zip:	PALM HARBOR FL 34684

Title BM Title SECRETARY

NameABUDI, JULIANNENameDIMIRACA, AZEMINAAddress2738 JEFFREY DRAddress601 CHANNING DRIVECity-State-Zip:PALM HARBOR FL 34684City-State-Zip:PALM HARBOR FL 34684

Title PRESIDENT Title BM

Name BOUDREAUX, ERNEST ADAM DR Name KAUFMANN, EVAN
Address 2729 NICOLE CIRCLE Address 2733 NICOLE CIR

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

Title BM Title BM

Name PENDLEY, CYNTHIA Name TIHIC, JASMINA
Address 2758 VANESSA LN Address 735 BONNIE BLVD

City-State-Zip: PALM HARBOR FL 34684 City-State-Zip: PALM HARBOR FL 34684

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: ERNEST BOUDREAUX PRESIDENT 02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date