


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

03-26-2004 90012 050 ****61.25
 08-06-2004 90003 012 ****61.25

DOCUMENT # 748121

1. Entity Name
HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3879 HIDDEN ACRES CIRCLE
 N FT MYERS, FL 33903 US**

Mailing Address
**C/O PEPITONE REALTY MGMT SVCS CORP.
 13451 MCGREGOR BLVD SUITE 32
 FORT MYERS, FL 33919 US**

54067239



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 100831
 Suite, Apt. #, etc.

07022004 Chg-NP CR2E037 (10/03)

City & State
CAPE CORAL FL

Zip
33910 Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PEPITONE REALTY MGMT SVCS CORP.
 13451 MCGREGOR #32
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
 Name **LORIAN AYERS CAM CFPM**
 Street Address (P.O. Box Number is Not Acceptable)
1392 S.E. 46th LANE
 City **CAPE CORAL FL** Zip Code **33910**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lorian Ayers, CAM CFPM* DATE 7/13/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARVEY, ALLAN 3854 HIDDEN ACRES CIRCLE N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEDLER, BRENT 3818 HIDDEN ACRES CIRCLE N. FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASQUILLO, ANN 3812 HIDDEN ACRES CIR NO FT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELANEY, TIM 3901 HIDDEN ACRES CIRCLE N FT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANCUSO, JOHN 3844 HIDDEN ACRES CIR N FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GRIFFIN, JOHN P.O. Box 100831 CAPE CORAL, FL 33910

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Mancuso* DATE 7/29/04 239-549-9817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR