


**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90129 050 \*\*\*\*61.25

**2006 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N01000008010</b> 1. Entity Name HIDDEN LINKS MASTER ASSOCIATION, INC.		
Principal Place of Business 24301 WALDEN CIRCLE DRIVE SUITE 300 BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CIRCLE DRIVE SUITE 300 BONITA SPRINGS, FL 34134
2. Principal Place of Business <b>8359 Beacon Blvd.</b> Suite, Apt. #, etc. <b>suite #417</b> City & State <b>Fort Myers, FL</b> Zip <b>33907</b>		3. Mailing Address <b>8359 Beacon Blvd.</b> Suite, Apt. #, etc. <b>suite #417</b> City & State <b>Fort Myers, FL</b> Zip <b>33907</b>
6. Name and Address of Current Registered Agent WCI COMMUNITIES PROPERTY MGMT. INC 24301 WALDEN CIRCLE DRIVE BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name <b>CornerStone Assoc. Mgmt. Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8359 Beacon Blvd.</b> <b>suite #417</b> City <b>Fort Myers</b> FL Zip Code <b>33907</b>
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 <i>Sherry Nassar</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25          Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIPEI, CECIL 12027 HIDDEN LINKS DR FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILES, DIANNE 12052 BRASSIE BEND UNIT 102 FORT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SCARR, MARK 12028 HIDDEN LINKS DRIVE FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Byrne, Joseph 12060 Brassie Bend #202 Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Sutherland Sr., Robert 12021 Brassie Circle #201 Fort. Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Scarr, Mark	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Gervais, Kathleen 12014 Hidden Links Drive Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hemming, Mark 12033 Hidden Links Drive Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delaney, Robert 12041 Brassie Circle #201 Fort Myers, FL 33913	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mark Scarr</i> <b>MARK SCARR</b> 3-25-06 239-425-2696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

\* 7" Board of Directors" see next page \* pg. 1 of 2

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

**DOCUMENT # N01000008010**



1. Entity Name  
**HIDDEN LINKS MASTER ASSOCIATION, INC.**

Principal Place of Business  
24301 WALDEN CIRCLE DRIVE  
SUITE 300  
BONITA SPRINGS, FL 34134

Mailing Address  
24301 WALDEN CIRCLE DRIVE  
SUITE 300  
BONITA SPRINGS, FL 34134

50006225



2. Principal Place of Business  
**8359 Beacon Blvd**

3. Mailing Address  
**8359 Beacon Blvd.**

Suite, Apt. #, etc.  
**Suite #417**

Suite, Apt. #, etc.  
**Suite #417**

01172006 Chg-NP CR2E037 (11/05)

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FEI Number  
**04-3637593**

Applied For  
Not Applicable

Zip  
**33907**

Country

Zip  
**33907**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WCI COMMUNITIES PROPERTY MGMT. INC  
24301 WALDEN CIRCLE DRIVE  
BONITA SPRINGS, FL 34134

Name  
**CornerStone Assoc. Mgmt. Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**8359 Beacon Blvd.**

**Suite #417**

City  
**Fort Myers**

FL

Zip Code  
**33907**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition  
**D Rhodes, Sandy**  
**12036 Hidden Links Drive**  
**Fort Myers, FL 33913**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
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CITY - ST - ZIP

Change  Addition

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STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Mark Sean MARK SEAN**

**3-25-06**

**239-425-2691**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

287