2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

| DOCUMENT # N0100008010 1. Entity Name HIDDEN LINKS MASTER ASSOCIATION, INC. | | | | | | | | | |
|--|---|---|---|--|--|--|-------------------------|---|--|
| SUITE 300 | e of Business DEN CIRCLE DRIVE INGS, FL 34134 | Mailing Address 24301 WALDEN CIRCLE SUITE 300 BONITA SPRINGS, FL 3 | WALDEN CIRCLE DRIVE 00 | | | | | | |
| 2. Principal Place of Business 8359 Beacon Blud. 8359 Beac | | | | lud. | | | | | |
| Suite, Apt. | e #417 | Suite, Apt. #, etc. Suite # City & State | iuite #417 | | | 01172006 Chg-NP CR2E037 (11/05) 4. FEI Number Applied For | | | |
| Fort | Myers, FL | Fort Mye | | | 04-363759 | 3 | No. | ot Applicable | |
| 339 | | 33907 | Country | | 5. Certificate of Sta | | Fee Require | | |
| | 6. Name and Address of Current R | | Mame | | / 1 | ress of New Regist | | T . | |
| WCI COMMUNITIES PROPERTY MGMT. INC 24301 WALDEN CIRCLE DRIVE | | | | Stree Address (BO Box Number is Not Acceptable) Stree Address (BO Box Number is Not Acceptable) STORY TO BE ACCOR BIDLY d. | | | | | |
| BONITA SPRINGS, FL 34134 | | | | sute #417 | | | | | |
| | | | City F | ort | Muera | <u> </u> | FL Z33 | 907 | |
| 8. The above the obligat SIGNATURE | named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent are | nauj | registered office o | | | | I am familiar with, | and accept | |
| | Filing Fee is \$61.25 Due by May 1, 2006 | Trust Fund C | S. Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| 10. | OFFICERS AND DIRI | ECTORS Subjecte | 11. | <u>ک</u> ر م | ADDITIONS/CHANGI | ES TO OFFICERS A | ND DIRECTORS IN Change | 1 10 Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | SIPEI, CECIL 12027 HIDDEN LINKS DR FORT MYERS, FL 33913 | Delete | NAME STREET ADDRESS CITY-ST-ZIP | Byr | ne, Jose 60 Brass Myers, F | ie bena- | *20Z | Auguton | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BAILES, DIANNE 12052 BRASSIE BEND UNIT 102 FORT MYERS, FL 33913 | (D -Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/5 5ut 120 | herland 5 21 Bras | r. , Rober | t Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/T SCARR, MARK 12028 HIDDEN LINKS DRIVE FORT MYERS, FL 33913 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P Sca | rr, Mark | | ⊠ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 120 | rvais, Ko 14 Hidde + Myers, F | thleen Links D L 33913 | □ Change) rive 3 | Addition | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D He 120 | mmina, n 33 Hidde t Myers, t | nark en Links FL 33913 | □ Change Drive 3 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Del 120 | aney, Ro 41 Brass 4 Myers, | bert ie Circle | □ Change ± 201 | Addition . | |
| indicated of the cor | certify that the information supplied with lon this report or supplemental report is rporation or the receiver or truttee empor , or on an attachment with an address, w | true and accurate and that m vered to execute this report : | ny signature shall h as required by Ch | hasiaton | in Chanter 119 Flor | ida Statutos I furth | or cortify that the in | nformation or director or Block 11 if | |

* 700 Board of Directors" see next Dage * pg. 1 of i

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT DOCUMENT # N01000008010 HIDDEN LINKS MASTER ASSOCIATION, INC. Mailing Address Principal Place of Business 50006aa 24301 WALDEN CIRCLE DRIVE 24301 WALDEN CIRCLE DRIVE SUITE 300 SUITE 300 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 Beacon 01172006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 04-3637593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nlamnt, Inc. WCI COMMUNITIES PROPERTY MGMT. INC Beacon Br 24301 WALDEN CIRCLE DRIVE **BONITA SPRINGS, FL 34134** suite #41 Fort Myers 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE TITLE Rhodes, Sandy NAME NAME Links Drive STREET ADDRESS 12036 Hidden STREET ADDRESS Fort Myers, FL CITY-ST-ZIF CITY-ST-ZIP ■ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CCTY+ST-ZIP Change ■ Addition TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

217