


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90077 014 ****61.25

DOCUMENT # N01000008010 1. Entity Name HIDDEN LINKS MASTER ASSOCIATION, INC.					
Principal Place of Business 8359 BEACON BLVD. SUITE 417 FORT MYERS FL 33907		Mailing Address 8359 BEACON BLVD. SUITE 417 FORT MYERS FL 33907			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3637593 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORENERSTONE ASSOC. MGMT., INC 8359 BEACON BLVD. STE. 417 FORT MYERS FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D/V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BYRNE, JOSEPH	NAME			
STREET ADDRESS	12060 BRASSIE BEND #202	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
TITLE	D/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUTHERLAND, SR, ROBERT	NAME			
STREET ADDRESS	12021 BRASSIE CIRCLE #201	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARR, MARK	NAME			
STREET ADDRESS	12028 HIDDEN-LINKS DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GERVAIS, KATHLEEN	NAME			
STREET ADDRESS	12014 HIDDEN LINKS DR	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEMMING, MARK	NAME			
STREET ADDRESS	12033 HIDDEN LINKS DR	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELANEY, ROBERT	NAME			
STREET ADDRESS	12041 BRASSIE CIRCLE #201	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33913	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Robert G. Sutherland</i> Robert G. Sutherland		Date: 4/2/07		Daytime Phone #: 239 561 2610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					