# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 03, 2006**
**Secretary of State**

DOCUMENT# N08850

**Entity Name:** HIDDEN LAKE VILLAS OF POLK COUNTY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

362 LAKE HARRIS DRIVE
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

362 LAKE HARRIS DRIVE
LAKELAND, FL 33813

**New Mailing Address:**

**FEI Number: 59-2717352** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, JACK L
362 LAKE HARRIS DRIVE
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DAL ( ) Delete
Name: BOWERS, JIM G
Address: 361 LAKE HARRIS DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete
Name: NICKELL, HARRY C
Address: 341 LAKE HARRIS DRIVE
City-St-Zip: LAKELAND, FL 32813

Title: S ( ) Delete
Name: ORLANDO, MARY
Address: 338 LK HARRIS DR
City-St-Zip: LAKELAND, FL 33813

Title: P ( ) Delete
Name: RADFORD, MELINDA E
Address: 332 LAKE HARRIS DR
City-St-Zip: LAKELAND, FL 33813

Title: T ( ) Delete
Name: WELLS, JACK L
Address: 362 LAKE HARRIS DR
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PR (X) Change ( ) Addition
Name: NICKELL, HARRY C
Address: 341 LAKE HARRIS DRIVE
City-St-Zip: LAKELAND, FL 32813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DAL (X) Change ( ) Addition
Name: RADFORD, MELINDA E
Address: 332 LAKE HARRIS DR
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK L. WELLS T 02/03/2006

Electronic Signature of Signing Officer or Director — Date