

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08850

FILED  
Apr 16, 2008  
Secretary of State

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

Title: PR      ( ) Delete  
Name: EMILY, BUCHHOLZ L MRS  
Address: 349 LAKE HARRIS DRIVE  
City-St-Zip: LAKELAND, FL 32813

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

Title: DAL      ( ) Delete  
Name: MORASLI, ROBERT MR  
Address: 350 LAKE HARRIS DR  
City-St-Zip: LAKELAND, FL 33813

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

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

Title: PR      (X) Change ( ) Addition  
Name: BOWERS, JIM G MR  
Address: 361 LAKE HARRIS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: VP      (X) Change ( ) Addition  
Name: EMILY, BUCHHOLZ L MRS  
Address: 349 LAKE HARRIS DRIVE  
City-St-Zip: LAKELAND, FL 32813

Title: S      (X) Change ( ) Addition  
Name: WELLS, TERRY MRS  
Address: 362 LK HARRIS DR  
City-St-Zip: LAKELAND, FL 33813

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

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

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

04/16/2008

\_\_\_\_\_  
Date