

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08850

FILED
Mar 12, 2009
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: PR () Delete
Name: BOWERS, JIM G MR
Address: 361 LAKE HARRIS DRIVE
City-St-Zip: LAKELAND, FL 33813

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

Title: S () Delete
Name: WELLS, TERRY MRS
Address: 362 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

T

03/12/2009

Electronic Signature of Signing Officer or Director

Date