

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 028 ****61.25

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05162004 No Chg-NP CR2E037 (10/03)

DOCUMENT # N96000003302
 1. Entity Name
 HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business
 35 FAIRGREEN AVENUE
 NEW SMYRNA BEACH, FL 32168

Mailing Address *101 LK FAIRGREEN CIR*
 35 FAIRGREEN AVENUE
 NEW SMYRNA BEACH, FL 32168

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4. FEI Number
 59-3422274

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSON, SID C JR.
 418 CANAL STREET
 NEW SMYRNA BEACH, FL 32168

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, WILLARD 15 LAKE FAIRGREEN CIR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURGESS, THOMAS 25 STYMIE LN NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORMIER, DICK 141 EL DOMINGO EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NORMAN, RON 101 LAKE FAIRGREEN CIR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNELL, DEAN 310 CITRUS OPEN DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BILL 4175 S ATLANTIC AV #330 NEW SMYRNA BEACH, FL 32168

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *R.W. Norman* R.W. NORMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5-16-04* Daytime Phone # *386-6895274*