

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003302

FILED  
Feb 02, 2006  
Secretary of State

Entity Name: HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.

**Current Principal Place of Business:**

35 FAIRGREEN AVENUE  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

35 FAIRGREEN AVENUE  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

FEI Number: 59-3422274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PETERSON, SID C JR.  
418 CANAL STREET  
NEW SMYRNA BEACH, FL 32168 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: P ( ) Delete  
Name: STEWART, WILLARD  
Address: 15 LAKE FAIRGREEN CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete  
Name: HARDING, JACK  
Address: 228 FAIRGREEN AV  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: DS ( ) Delete  
Name: HALL, BILL  
Address: 33 LAUREL OAKS CIR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT ( ) Delete  
Name: NORMAN, RON  
Address: 101 LAKE FAIRGREEN CIR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: MAXWELL, JOSEPH D  
Address: 2320 ESLINGER RD #103  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: BURGESS, THOMAS  
Address: 25 STYMIE LN  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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

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

Title: DS (X) Change ( ) Addition  
Name: VAILLANCOURT, PAUL  
Address: 842 13TH AV  
City-St-Zip: NEW SMYRNA BCH, FL 32169

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 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: RON NORMAN

DT

02/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date