

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003302

FILED
Jan 25, 2007
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: VAILLANCOURT, PAUL
Address: 842 13TH AV
City-St-Zip: NEW SMYRNA BCH, FL 32169

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: P (X) Change () Addition
Name: HARDING, JOHN
Address: 228 FAIRGREEN AV
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: BROWN, ROBERT
Address: 213 OAK BRANCH DR
City-St-Zip: EDGEWATER, FL 32141

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

Title: DT (X) Change () Addition
Name: MUELLER, GARY
Address: 557 CASA GRANDE
City-St-Zip: EDGEWATER, FL 32141

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: GARY MUELLER

DT

01/25/2007

Electronic Signature of Signing Officer or Director

_____ Date