

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2011
Secretary of State**

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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 ST
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: D
Name: HARDING, JOHN
Address: 228 FAIRGREEN AV
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP
Name: GOETZE, JOHN
Address: 405 CENTRAL MARINERS DR
City-St-Zip: EDGEWATER, FL 32141

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

Title: DT
Name: ENSLEN, DON A
Address: 109 OAKWOOD AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: P
Name: MCNAMARA, PAUL L
Address: 610 MAIRSAL DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D
Name: HILL, FRANK
Address: 29 RICHMOND DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: DONALD A. ENSLEN

DT

02/04/2011

Electronic Signature of Signing Officer or Director

_____ Date