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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N29500** (8)

1. Corporation Name

**HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

543 NW 77TH ST  
STE 200  
BOCA RATON FL 33487  
US

543 NW 77TH ST  
200  
BOCA RATON FL 33487-1331  
US



3. Date Incorporated or Qualified  
**12/01/1988**

3a. Date of Last Report  
**04/29/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**65-0118145**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCARBOROUGH, SHERI A.  
543 NW 77TH ST, STE 200  
BOCA RATON FL 33487**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERNDERSON, TOM	
STREET ADDRESS	4400 NW 63RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNUTSEN, CRAIG	
STREET ADDRESS	4323 NW 6ND AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, KELLY	
STREET ADDRESS	4370 NW 62ND TERR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KARP, YETTA	
STREET ADDRESS	6214 NW 43RD ST	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE	<del>SD</del>	<input type="checkbox"/> DELETE
NAME	SHOWLTER, DIANNE	
STREET ADDRESS	4350 NW 63RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chatfield, DADIS	
1.3 STREET ADDRESS	4301 NW 62nd Ave	
1.4 CITY-ST-ZIP	Coral Springs, FL	
2.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Drew, Fred	
2.3 STREET ADDRESS	4370 NW 62 Ter	
2.4 CITY-ST-ZIP	Coral Springs, FL	
3.1 TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dilaura, Barb	
3.3 STREET ADDRESS	6217 NW 42 Ct.	
3.4 CITY-ST-ZIP	Coral Springs, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stawalter, Diane	
5.3 STREET ADDRESS	4350 NW 62 Ave	
5.4 CITY-ST-ZIP	Coral Springs	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Diane Showalter* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

241-4772

Date

Daytime Phone # 0039583

CR2E037 (9/96)