

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 038 ****61.25

DOCUMENT # N29500

1. Entity Name
**HIDDEN LAKE AT TURTLE RUN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

~~C/O AT WALLACE MCMF~~
~~PO BOX 273832~~ **Benchmark**
~~BOCA RATON, FL 33427~~ **US**

Mailing Address

7932 WILES RD
CORAL SPRINGS, FL 33067 **US**

7932 Wiles Rd Coral Springs FL 33067



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0118145** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KATZMAN&KORR
5581 W. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | TD |
| NAME | SHEFFIELD, LINDA |
| STREET ADDRESS | 6202 NW 43 AVE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| TITLE | VD |
| NAME | MITCHELL, STEVE |
| STREET ADDRESS | 4301 NW 62ND TERR |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| TITLE | SD |
| NAME | DILAURA, BARB |
| STREET ADDRESS | 6217 NW 42 COURT |
| CITY-ST-ZIP | CORAL SPGS, FL |
| TITLE | PD |
| NAME | KNUTSEN, CRAIG |
| STREET ADDRESS | 4323 NW 62ND AVE |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 |
| TITLE | D |
| NAME | KESSLER, EDWARD |
| STREET ADDRESS | 4300 NW 62 AVE |
| CITY-ST-ZIP | POMPANO BEACH, FL 33067 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

PAID

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IN THIS SPACE**

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: *Benchmark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 **954 344 5353**
Date Daytime Phone #