


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90050 009 \*\*\*\*61.25

<b>DOCUMENT # N29500</b> 1. Entity Name <b>HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O BENCHMARK PROPERTY MGMT INC 7932 WILES ROAD CORAL SPRINGS, FL 33067</b>			Mailing Address <b>C/O BENCHMARK PROPERTY MGMT INC 7932 WILES ROAD CORAL SPRINGS, FL 33067</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number <b>65-0118145</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERT KAYE &amp; ASSOCIATES, P.A. 6261 N.W. 6 WAY, #103 FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	DIRECTOR - PRESIDENT	
NAME	SHEFFIELD, LINDA		NAME	DILAURA, BARB	
STREET ADDRESS	6202 NW 43 AVE		STREET ADDRESS	6217 NW 42 COURT	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	VD		TITLE	DIRECTOR - SECRETARY	
NAME	MITCHELL, STEVE		NAME	SHEFFIELD, LINDA	
STREET ADDRESS	4301 NW 62ND TERR		STREET ADDRESS	6202 NW 43 AVE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP	CORAL SPRINGS, FL 33067	
TITLE	SD		TITLE	DIRECTOR -	
NAME	DILAURA, BARB		NAME	KNUTSEN, CRAIG	
STREET ADDRESS	6217 NW 42 COURT		STREET ADDRESS	4323 NW 62 AVE	
CITY - ST - ZIP	CORAL SPGS, FL		CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE	PD		TITLE	DIRECTOR - VICE PRES	
NAME	KNUTSEN, CRAIG		NAME	NEEDLE, JEFFREY	
STREET ADDRESS	4323 NW 62ND AVE		STREET ADDRESS	5310 NW 33 AVE #101	
CITY - ST - ZIP	CORAL SPRINGS, FL 33067		CITY - ST - ZIP	FT LAUDERDALE FL 33309	
TITLE	D		TITLE	DIRECTOR - TREASURER	
NAME	KESSLER, EDWARD		NAME	ASKEW, ROBERT	
STREET ADDRESS	4300 NW 62 AVE		STREET ADDRESS	4321 NW 63 AVE	
CITY - ST - ZIP	POMPANO BEACH, FL 33067		CITY - ST - ZIP	CORAL SPRINGS FL 33067	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <i>Robert D. Kessler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/24/05 954 344 5353 <small>Date Daytime Phone #</small>		