

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90221 043 \*\*\*\*61.25

**DOCUMENT # N08128**

1. Entity Name

HIDDEN LAKE OWNERS' ASSOCIATION, INC.



Principal Place of Business

2116 NW 74 PLACE  
GAINESVILLE FL 32653

Mailing Address

2116 NW 74 PLACE  
GAINESVILLE FL 32653

14007858



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2698301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANNARUMMA, STEPHINE  
2126 NW 72ND PLACE  
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name Linda Danver

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

7313 NW 21st Way

City Gainesville

FL

Zip Code

32653

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

Linda Danver

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

(NOTE: Registered Agent signature required when reinstating)

4/24/05

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMYDER, KAREN	
STREET ADDRESS	2123 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDDINS, BARBARA	
STREET ADDRESS	2114 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MEEKS, DEBORAH	
STREET ADDRESS	2120 NW 74TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANNARUMMA, STEPHINE	
STREET ADDRESS	2126 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCARTY, CADMUS	
STREET ADDRESS	2111 NW 72ND PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Wheeler	
STREET ADDRESS	7388 NW 21st Ct.	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Mullen	
STREET ADDRESS	2114 NW 72nd Place	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lori Harb	
STREET ADDRESS	7319 NW 21st Ct	
CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Danver	
STREET ADDRESS	7313 NW 21st Way	
CITY-ST-ZIP	Gainesville FL 32653	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cadmus McCarty Trms 4/24/05 352-258-2100