


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90102 036 \*\*\*\*61.25

<b>DOCUMENT # N29500</b> 1. Entity Name HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O BENCHMARK PROPERTY MGMT INC 7932 WILES ROAD CORAL SPRINGS, FL 33067			Mailing Address C/O BENCHMARK PROPERTY MGMT INC 7932 WILES ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0364031</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 N.W. 6 WAY, #103 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DILAURA, BARB		NAME	COOK, SUSIE	
STREET ADDRESS	6217 NW 42 COURT		STREET ADDRESS	6248 N.W. 43d Street	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHEFFIELD, LINDA		NAME	Kessler, Ed	
STREET ADDRESS	6202 NW 43 AVE		STREET ADDRESS	4300 N.W. 62 Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KNUTSEN, CRAIG		NAME	Shawalter, Don	
STREET ADDRESS	4323 NE 62 AVE		STREET ADDRESS	4350 N.W. 63 Ave	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEEDLE, JEFFREY		NAME		
STREET ADDRESS	5310 NW 33 AVE, # 101		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASKEW, ROBERT		NAME		
STREET ADDRESS	4321 NW 63 AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, 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> <u>Robert D. Askew, President</u> 3/23/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					