2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N29500

1. Entity Name
HIDDEN LAKE AT TURTLE RUN HOMEOWNERS



Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90102 036 ****61.25

FILED

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|--------------|------|------------------|-------|--|
| ASSOCIATION, | INC. | | | |

Principal Place of Business C/O RENCHMARK PROPERTY MGMT INC Mailing Address

| 7932 WILES CORAL SPRI | ROAD | 067 | 7932 | SENCHMARK PROP 2 WILES ROAD AL SPRINGS, FL 33 | | GMI INC | | | | i di d ahi ad ik | F3 | | 11 - 12 - 1 2 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14 | 1 /4 1 2 1 1 4 71 |
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| 2. Principal Place of Business | | 3. Mai | 3. Mailing Address | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | | 02132006 | Chg | _] -NP | С | R2E03 | 7 (11/05) | | |
| City & State | | | Cir | City & State | | | | 4. FEI Numb | | | | • • | | pplied For |
| Zip Country | | | Zip | Zip Country | | | | S. Certificate of Status Desired | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | _ | 7. Name and | d Addre | ss of Nev | w Regis | | | |
| ROBERT I | | SSOCIATES, P.A. | | | | Name Street 4 | Address (| | | | | | | |
| | | E, FL 33309 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| | | _ | | | | City | | | | | | FL | Zip Coo | |
| 8. The above the obligat | named entity tions of regist | y submits this statement followed agent. | or the purp | ose of changing its i | egistere | d office o | or register | ed agent, or bo | oth, in th | e State of | Florida | . I am fa | amiliar with | and accept |
| | | | | | | | | | | | | | | |
| SIGNATURE | | or printed name of registered agent | t and title if app | licable. (NOTE: | Registered | 1 Agent signa | iture required | when reinstating) | | | | DATE | | |
| Filing Fee Is \$61.25 Due by May 1, 2006 | | | | 9. Election Campaign Financing Trust Fund Contribution. | | | | \$5.00 May 6 | 30 | Make check payable to Florida Department of State | | | | |
| | Due by N | lay 1, 2006 | ĺ | Trust Fund Co | ontributi | on. | | Added to Fees | | F | | | | tate |
| 10. | Due by N | May 1, 2006 OFFICERS AND DI | RECTORS | Trust Fund Co | ontributi | on. | | | | | lorida | Depart | ment of S | |
| 10. | DP | OFFICERS AND DI | RECTORS | Trust Fund Co | | | se c | Added to Fees | IANGES | | lorida | Depart | ment of S | |
| TITLE NAME | DP DILAURA | OFFICERS AND DI | RECTORS | | 11. TITLE | | \$800 | Added to Fees ADDITIONS/CH | IANGES | TO OFFI | lorida CERS A | Depart | ment of S | l 10 |
| TITLE NAME STREET ADDRESS | DP DILAURA 6217 NW | OFFICERS AND DI , BARB 42 COURT | RECTORS | | 11. TITLE NAME STREE | T ADDRESS | \$00 000 024 | Added to Fees ADDITIONS/CH | IANGES | o to offi | CERS A | Depart | ment of S | l 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DILAURA 6217 NW CORAL SI | OFFICERS AND DI | RECTORS | ☐ Delete | 11. TITLE NAME STREE | ET ADDRESS ST-ZIP | 500 000 024 000 | Added to Fees ADDITIONS/CH SV , SUS 8 N.W. (1 Synn) | IANGES | o to offi | CERS A | Depart | ment of S | l 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | DP DILAURA 6217 NW CORAL SI | OFFICERS AND DI , BARB 42 COURT PRINGS, FL 33067 | RECTORS | | 11. TITLE NAME STREI CITY- | ET ADDRESS ST-ZIP | 500 024 000 Tre | Added to Fees ADDITIONS/CH OX , Sus 8 N.W. (1 synn) | IANGES 43 | o to offi | CERS A | Depart | ment of S | l 10 |
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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.

SIGNATURE:

Daytime Phone #