


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90473 028 ****61.25

DOCUMENT # N29500 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0364031	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DILAURA, BARB	NAME			
STREET ADDRESS	6217 NW 42 COURT	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KESSLER, ED	NAME			
STREET ADDRESS	4300 NW 62ND AVE	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNUTSEN, CRAIG	NAME			
STREET ADDRESS	4323 NE 62 AVE	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHOWALTER, DON	NAME			
STREET ADDRESS	4350 NW 63RD AVE	STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOK, SUSIE	NAME			
STREET ADDRESS	6248 NW 43RD ST	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.					
SIGNATURE: <u><i>Barbara Dilauro Pres</i></u>		Date <u>4-25-2007</u>		Daytime Phone # <u>954-268-8080</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60045447



03302007 Chg-NP CR2E037 (12/06)