

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90010 017 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2698301	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent MARTIN, THELMA 7233 N.W. 21 WAY GAINESVILLE, FL 32653 </div> <div> 7. Name and Address of New Registered Agent Name KASNIE GEORGE JR Street Address (P.O. Box Number is Not Acceptable) 7303 N.W. 21ST WAY City GAINESVILLE FL Zip Code 32653 </div> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	V SNYDER, KAREN 2123 NW 72ND PLACE GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDY, HELEN 7305 NW 21 CT GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KASNIE, GEORGE JR 7303 NW 21 ST. WAY GAINESVILLE, FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, LORI 7318 N.W. 21 CT GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARDY, HELEN 7305 N.W. 21ST COURT GAINESVILLE FL 32653	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, THELMA 7233 NW 21ST WAY GAINESVILLE, FL 32653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Thelma Martin</u> THELMA MARTIN 2-11-08 352-375-8349					