2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

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Entity Name: THE COTTAGES AT HIDDEN LAKES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

137 N. CHURCHILL DR.
ST. AUGUSTINE, FL 31086

New Principal Place of Business:

Current Mailing Address:

PO BOX 860013
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 27-0392917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURVEL, TOMMY M
137 N. CHURCHILL DR.
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: HIGGINS, JOHN
Address: 269 N. CHURCHILL DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP
Name: HAYWARD, PAUL
Address: 517 CHADWICK DR
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T/D
Name: CURVEL, TOMMY M
Address: 137 N. CHURCHILL DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S
Name: NAWROCKI, ROBERT
Address: 265 N. CHURCHILL DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D
Name: CLARK, NORWOOD
Address: 213 N. CHURCHILL DR.
City-St-Zip: ST.AUGUSTINE, FL 32086

Title: D
Name: MCDANIEL, JANE
Address: 149 N.CHUCHILL DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOMMY M CURVEL T/D 03/16/2011

Electronic Signature of Signing Officer or Director — Date