

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748121

**Entity Name:** HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

HIDDEN ACRES CIRCLE  
N. FT. MYERS, FL 33903

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**6283545318CC**

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES  
125 SW 3RD P #207  
CAPE CORAL, FL 33991 US

**FEI Number: 59-2547011**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES  
125 SW 3RD PL  
STE 207  
CAPE CORAL, FL 33991 US

*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: BRANDY DAVENPORT**

**02/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NICASTRO, ROBERT  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title SECRETARY  
Name CAANGAY, ELIZABETH  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name FOOTE, DEBBIE  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title TREASURER  
Name LAMB, BREE  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title PRESIDENT  
Name BUBAR, BOB  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title VP  
Name KOCH, ERIC  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name FISCHLEIN, CLIFTON  
Address C/O VESTA PROPERTY SERVICES  
125 SW 3RD PL #207  
City-State-Zip: CAPE CORAL FL 33991

*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: BOB BUBAR**

**PRESIDENT**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date