

**2017 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**  
**Apr 19, 2017**  
**Secretary of State**  
**CC1965677863**

**Current Mailing Address:**

C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
FT. MYERS, FL 33902 US

**FEI Number: 59-2547011**

**Certificate of Status Desired: No**

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

SILVERCRESTED MANAGEMENT  
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:** KYLE HUBLER

04/19/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PARVEY, ALLAN  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title VP  
Name NICASTRO, ROBERT  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR  
Name HOEFER, GREG  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title D  
Name DELANOY, KATHY  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title SD  
Name BRITTON, BARBARA  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR  
Name CAANGAY, BETH  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR  
Name WEDLER, BRENT  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title DIRECTOR  
Name FOOTE, DEBBIE  
Address C/O SILVERCRESTED MANAGEMENT  
PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

**Continues on page 2**

*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:** CLIFTON FISCHLEIN

PRESIDENT

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            FISCHLEIN, CLIFTON  
Address         C/O SILVERCRESTED MANAGEMENT  
                  PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title            DIRECTOR  
Name            MORGAN, MONTICA  
Address         C/O SILVERCRESTED MANAGEMENT  
                  PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902

Title            SECRETARY, TREASURER  
Name            LAMB, BREE  
Address         C/O SILVERCRESTED MANAGEMENT  
                  PO BOX 1848  
City-State-Zip: FT. MYERS FL 33902