

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 18, 2014

**Secretary of State
CC4499899148**

DOCUMENT# 748121

Entity Name: HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

530 CONSTRUCTIONLN
LEHIGH ACRES, FL 33936

Current Mailing Address:

PO BOX 1058
LEHIGH ACRES, FL 33970 US

FEI Number: 59-2547011

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT, #200
FORT MYERS, FL 33966 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name PARVEY, ALLAN
Address P.O. BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title PD
Name NICASTRO, ROBERT
Address P.O. BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title TD
Name ELLIS, NAN
Address P.O. BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title VPD
Name DELANOY, KATHY
Address P.O. BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title SD
Name BRITTON, BARBARA
Address PO BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title DIRECTOR
Name CAANGAY, BETH
Address PO BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title DIRECTOR
Name KOCH, ERIC
Address PO BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title DIRECTOR
Name WEDLER, BRENT
Address PO BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

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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: ROBERT NICASTRO

PRESIDENT

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCKEEVER, DAWN
Address PO BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title D
Name FISCHLEIN, CLIFTON
Address P.O.BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970

Title D
Name TREADWELL, WILLIAM
Address P.O. BOX 1058
City-State-Zip: LEHIGH ACRES FL 33970