

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748121

**FILED**  
**Jan 26, 2024**  
**Secretary of State**  
**8452177651CC**

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

**Current Principal Place of Business:**

1010 NE 9TH ST  
SUITE A  
CAPE CORAL, FL 33909

**Current Mailing Address:**

COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
CAPE CORAL, FL 33909 US

**FEI Number:** 59-2547011

**Certificate of Status Desired:** No

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

COMPASS ROSE MANAGEMENT  
COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
CAPE CORAL, FL 33909 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:** ANASTATIOS TRICAS

01/26/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GARLICK, ALI  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name FOOTE, DEBBIE  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name GRIFFIN, JOHN  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title PRESIDENT  
Name BUBAR, ROBERT  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title VP  
Name FISCHLEIN, CLIFTON  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER  
Name MORE, PATTI  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name FOOTE, DEBBIE  
Address COMPASS ROSE MANAGEMENT  
1010 NE 9TH STREET SUITE A  
City-State-Zip: CAPE CORAL FL 33909

*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 BUBAR

PRESIDENT

01/26/2024

Electronic Signature of Signing Officer/Director Detail

Date