

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 748121

Entity Name: HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

HIDDEN ACRES CIRCLE
N. FT. MYERS, FL 33903

Current Mailing Address:

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

10/13/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name PARVEY, ALLAN
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title D
Name NICASTRO, ROBERT
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

Title TD
Name ELLIS, NAN
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

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

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

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

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

Title DIRECTOR
Name MCKEEVER, DAWN
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

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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: ALLAN PARVEY

PD

10/13/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP, DIRECTOR
Name FISCHLEIN, CLIFTON
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902

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

Title DIRECTOR
Name LAMB, BREE
Address PO BOX 1848
City-State-Zip: FT. MYERS FL 33902