

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008010

**FILED**  
**Apr 14, 2018**  
**Secretary of State**  
**CC2300732376**

**Entity Name:** HIDDEN LINKS MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
FORT MYERS, FL 33913

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
FORT MYERS, FL 33913 US

**FEI Number:** 04-3637593

**Certificate of Status Desired:** No

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

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11934 FAIRWAY LAKES DRIVE SUITE 01  
FORT MYERS, FL 33913 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 DIRECTOR  
Name TAUBMAN, BOB  
Address C/O CORNERSTONE ASSOCIATION  
MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
City-State-Zip: FORT MYERS FL 33913

Title SECRETARY  
Name SUTHERLAND, SR, ROBERT  
Address C/O CORNERSTONE ASSOCIATION  
MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
City-State-Zip: FORT MYERS FL 33913

Title PRESIDENT  
Name SCARR, MARK  
Address C/O CORNERSTONE ASSOCIATION  
MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
City-State-Zip: FORT MYERS FL 33913

Title TREASURER  
Name BOVA, ALLEN  
Address C/O CORNERSTONE ASSOCIATION  
MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
City-State-Zip: FORT MYERS FL 33913

Title VP  
Name MULLINS, J.R.  
Address C/O CORNERSTONE ASSOCIATION  
MANAGEMENT INC  
11934 FAIRWAY LAKES DR SUITE 1  
City-State-Zip: FORT MYERS FL 33913

*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:** MARK SCARR

**PRESIDENT**

**04/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date