

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008010

FILED
Mar 07, 2015
Secretary of State
CC1559663715

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:

NASSOY, 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 ALLISON, GENE
Address 12151 BRASSIE BEND
City-State-Zip: FORT MYERS FL 33913

Title SECRETARY
Name SUTHERLAND, SR, ROBERT
Address 12021 BRASSIE CIRCLE #201
City-State-Zip: FORT MYERS FL 33913

Title PRESIDENT
Name SCARR, MARK
Address 12028 HIDDEN LINKS DRIVE
City-State-Zip: FORT MYERS FL 33913

Title TREASURER
Name BOVA, ALLEN
Address 12064 HIDDEN LINKS DR
City-State-Zip: FORT MYERS FL 33913

Title VP
Name MULLINS, J.R.
Address 11990 HIDDEN LINKS DRIVE
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

03/07/2015

Electronic Signature of Signing Officer/Director Detail Date