

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008010

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

**FILED**  
**Mar 15, 2014**  
**Secretary of State**  
**CC5469836511**

**Current Principal Place of Business:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRS UITE 4  
FORT MYERS, FL 33913

**Current Mailing Address:**

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRS UITE 4  
FORT MYERS, FL 33913

**FEI Number: 04-3637593**

**Certificate of Status Desired: No**

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

NASSOIY, SHERRY  
C/O CORNERSTONE ASSOCIATION MANAGEMENT INC  
11940 FAIRWAY LAKES DRIVE SUITE 04  
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 BYRNE, JOSEPH  
Address 12060 BRASSIE BEND #202  
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 DP  
Name SCARR, MARK  
Address 12028 HIDDEN LINKS DRIVE  
City-State-Zip: FORT MYERS FL 33913

Title DT  
Name ALLISON, GENE  
Address 12151 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**

**03/15/2014**

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

\_\_\_\_\_  
Date