

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006325

Entity Name: HIDDEN LAKES OF ST. AUGUSTINE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**5455 A1A SOUTH
ST. AUGUSTINE, FL 32080**Current Mailing Address:**5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 US**FEI Number: 80-0115729****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MAY MANAGEMENT SERVICES INC
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080 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: ANNA MARKS****04/16/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LORENTSON, JAMES E
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title PRESIDENT
Name HAYWARD, PAUL
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title NON- BOARD SECRETARY
Name NAWROCKI, ROBERT
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD MEMBER
Name NORWOOD, CLARK
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD MEMBER
Name ANNUCCI, GREG
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title NON- BOARD TREASURER
Name CURVEL, TOMMY M
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD MEMBER
Name DAVID , WARD
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

Title BOARD MEMBER
Name ROBERTSON, MALCOLM
Address 5455 A1A SOUTH
City-State-Zip: ST. AUGUSTINE FL 32080

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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: PAUL HAYWARD**PRESIDENT****04/16/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	MCDANIEL, JANE
Address	5455 A1A SOUTH
City-State-Zip:	ST. AUGUSTINE FL 32080