

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001568

Entity Name: THE COTTAGES AT HIDDEN LAKES HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**137 N. CHURCHILL DR.
ST. AUGUSTINE, FL 31086**Current Mailing Address:**PO BOX 860013
ST. AUGUSTINE, FL 32086**FEI Number: 27-0392917****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CURVEL, TOMMY M
137 N. CHURCHILL DR.
ST. AUGUSTINE, FL 32086 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	P
Name	HIGGINS, JOHN
Address	269 N. CHURCHILL DR.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VP
Name	HAYWARD, PAUL
Address	517 CHADWICK DR
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	T/D
Name	CURVEL, TOMMY M
Address	137 N. CHURCHILL DR.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	S
Name	NAWROCKI, ROBERT
Address	265 N. CHURCHILL DR.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	D
Name	CLARK, NORWOOD
Address	213 N. CHURCHILL DR.
City-State-Zip:	ST.AUGUSTINE FL 32086

Title	D
Name	MCDANIEL, JANE
Address	149 N.CHUCHILL DR.
City-State-Zip:	ST. AUGUSTINE FL 32086

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: TOMMY M CURVEL**TREASURER/DIRECTOR 03/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date