

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003743

**Entity Name:** HIDDEN CREEK AT WEST LAKE PROPERTY OWNERS'ASSOCIATION, INC.

**FILED  
Mar 04, 2021  
Secretary of State  
5210015311CC**

**Current Principal Place of Business:**

212 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

235 APOLLO BEACH BLVD  
#417  
APOLLO BEACH, FL 33572 US

**FEI Number: 26-2511697**

**Certificate of Status Desired: No**

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

COMMUNITIES FIRST ASSOCIATION MANAGEMENT, LLC  
212 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572 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: CHRISTINE M TRIMMER**

**03/04/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name MEZA-PAVON, JESSICA  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC  
235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title PRESIDENT  
Name CABRAL-DEBES, YEIDY  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC  
235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title TREASURER  
Name JOSEY, VANESSA  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC  
235 APOLLO BEACH BLVD #417  
City-State-Zip: RUSKIN FL 33575

Title VP  
Name GRITZINGER, LISA  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC  
235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

Title LICENSED COMMUNITY ASSOCIATION MANAGER  
Name TRIMMER, CHRISTINE M  
Address C/O COMMUNITIES FIRST ASSOCIATION MANAGEMENT LLC  
235 APOLLO BEACH BLVD #417  
City-State-Zip: APOLLO BEACH FL 33572

*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: CHRISTINE M TRIMMER**

**LICENSED COMMUNITY ASSOCIATION MANAGER 03/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date