

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08590

**Entity Name:** HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 09, 2013**  
**Secretary of State**  
**CC1016365904**

**Current Principal Place of Business:**

6037 CEDAR PINE DRIVE  
ORLANDO, FL 32819

**Current Mailing Address:**

PO BOX 1045  
WINDERMERE, FL 34786

**FEI Number:** 59-3035323

**Certificate of Status Desired:** No

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

PELOQUIN, CHARLES  
6037 CEDAR PINE DRIVE  
ORLANDO, FL 32819 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:** CHARLES PELOQUIN

04/09/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name OLSZEWSKI, JEFF  
Address 7710 WHITE ASH ST.  
City-State-Zip: ORLANDO FL 32819

Title TRES  
Name PELOQUIN, CHARLES  
Address 6037 CEDAR PINE DRIVE  
City-State-Zip: ORLANDO FL 32819

Title VP  
Name HAWKINS, FRED  
Address 5441 SPLIT PINE CT  
City-State-Zip: ORLANDO FL 32819

Title S  
Name SIMONEL, CHARLES  
Address 5410 RUSTIC PINE CT  
City-State-Zip: ORLANDO FL 32819

*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:** JEFF OLSZEWSKI

**PRESIDENT**

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date