

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003953

**FILED**  
**Feb 01, 2024**  
**Secretary of State**  
**9119400819CC**

**Entity Name:** INNOVATION AT HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4327 S. HWY 27 #415  
CLERMONT, FL 34711

**Current Mailing Address:**

4327 S. HWY 27 #415  
CLERMONT, FL 34711 US

**FEI Number: 82-2632288**

**Certificate of Status Desired: No**

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

TPS ASSOCIATION MANAGEMENT SERVICES, LLC  
4327 S. HWY 27 #415  
CLERMONT, FL 34711 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:** TPS ASSOCIATION MANAGEMENT SERVICES

02/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GARRO, MICHAEL  
Address C/O TPS ASSOCIATION  
MANAGEMENT SERVICES, LLC  
4327 S. HWY 27 #415  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name ART, LAWRENCE  
Address C/O TPS ASSOCIATION  
MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415  
City-State-Zip: CLERMONT FL 34711

Title SECRETARY, TREASURER  
Name BOLLINGER, ZACHARY  
Address C/O TPS ASSOCIATION  
MANAGEMENT SERVICES, LLC  
4327 S HWY 27 #415  
City-State-Zip: CLERMONT FL 34711

*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:** MICHAEL GARRO

**PRESIDENT**

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date