

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003302

Entity Name: HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.

Current Principal Place of Business:

35 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

35 FAIRGREEN AVENUE
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 59-3422274

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PETERSON, SID CJR
418 CANAL ST
NEW SMYRNA BEACH, FL 32168 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: SID PETERSON

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name HELPPIE, MICHAEL
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title TREASURER
Name BOOKER, JAMES G DR.
Address 35 FAIRGREEN AVE.
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PRESIDENT
Name SEIFERT, RAY
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title BM
Name DIPPLE, STAN
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title BM
Name LAMBERTI, RALPH
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title BM
Name CARTER, JOE
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title SECRETARY
Name FILMORE, DOUG
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title BM
Name CHATFIELD, DENNY
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168

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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: JAMES BOOKER

TREASURER

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BM
Name ASKEW, BILL
Address 35 FAIRGREEN AVENUE
City-State-Zip: NEW SMYRNA BEACH FL 32168