

**2022 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:** No

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

PETERSON, JAMES C  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title TREASURER  
Name O'BRIEN, BILL  
Address 35 FAIRGREEN AVE.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PRESIDENT /SECRETARY  
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 BM  
Name CRAMER, GEORGE  
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:** RAY SEIFERT

**PRESIDENT**

**01/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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