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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# Current Principal Place of Business:

35 FAIRGREEN AVENUE NEW SMYRNA BEACH, FL 32168

DOCUMENT# N9600003302

#### **Current Mailing Address:**

35 FAIRGREEN AVENUE NEW SMYRNA BEACH, FL 32168 US

## FEI Number: 59-3422274

### Name and Address of Current Registered Agent:

PETERSON, JAMES C 418 CANAL ST NEW SMYRNA BEACH, FL 32168 US

Date

Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

Title	BM	Title	TREASURER
Name	HELPPIE, MICHAEL	Name	O'BRIEN, BILL
Address	35 FAIRGREEN AVENUE	Address	35 FAIRGREEN AVE.
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	PRESIDENT /SECRETARY	Title	VP
Name	SEIFERT, RAY	Name	SCOTT, JIM
Address	35 FAIRGREEN AVENUE	Address	35 FAIRGREEN AVENUE
City-State-Zip:	NEW SMYRNA BEACH FL 32168	City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	SECRETARY	Title	BM
Title Name	SECRETARY FILMORE, DOUG	Title Name	BM CARTER, JOE
Name	FILMORE, DOUG	Name	CARTER, JOE
Name Address	FILMORE, DOUG 35 FAIRGREEN AVENUE	Name Address	CARTER, JOE 35 FAIRGREEN AVENUE
Name Address City-State-Zip:	FILMORE, DOUG 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168	Name Address City-State-Zip:	CARTER, JOE 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168
Name Address City-State-Zip: Title	FILMORE, DOUG 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168 BM	Name Address City-State-Zip: Title	CARTER, JOE 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168 BM

## Continues on page 2

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

01/28/2023

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