

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 AUG 30 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 748121</b><br>1. Entity Name<br>HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.  |   |  |  |   |  |
| Principal Place of Business<br>530 CONSTRUCTIONLN<br>LEHIGH ACRES, FL 33936 US   |   | Mailing Address<br>PO BOX 1058<br>LEHIGH ACRES, FL 33970 US                      |  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                    |  |   |  |
| City & State   |   | City & State   |  | 4. FEI Number<br>NOT APPLICABLE <span style="font-size: 1.2em;">59-2447011</span>               |  |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br>BECKER & POLIAKOFF, P.A.<br>C/O THOMAS D DEYO, ESQ.<br>14241 METROPOLIS AVE STE 100<br>FT MYERS, FL 33912   |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |  |
| <b>Amended AR is \$61.25</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |  |
| Make check payable to Florida Department of State  |   |  |  |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>PARVEY, ALLAN<br>3854 HIDDEN ACRES CIR<br>NORTH FORT MYERS, FL 33903 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 3871 Hidden Acres Cir  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>PARENT, DAVID<br>3859 HIDDEN ACRES CIR<br>NORTH FORT MYERS, FL 33903  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>700109961097<br>08/26/07--01038--001 **61.25 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MCKEEVER, DAWN<br>3793 HIDDEN ACRES CIR S<br>NO FT MYERS, FL 33903    | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WEDLER, BRENT<br>3818 HIDDEN ACRES CIR<br>NORTH FORT MYERS, FL 33903   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>COLLERAN, WILLIAM<br>3770 HIDDEN ACRES CIR<br>N FORT MYERS, FL 33903   | <input checked="" type="checkbox"/> Delete                                       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Abdo, Enid<br>3911 Hidden Acres Circle<br>N. Ft. Myers, FL 33903  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GRIFFIN, JOHN<br>POB 4665<br>NORTH FORT MYERS, FL 33918               | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. |   |  |  |   |  |
| SIGNATURE: _____   |   |  |  | Date _____ Daytime Phone # _____  |  |

Nan Ellis  
4105 Hidden Acres Circle S  
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