

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 18 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753985

1. Entity Name  
HIDDEN LAKE VILLAS HOMEOWNERS' ASSOCIATION,  
INC.



Principal Place of Business  
500 94TH AVE. NORTH  
ST PETERSBURG, FL 33702

Mailing Address  
500 94TH AVE. NORTH  
ST PETERSBURG, FL 33702

*[Handwritten Signature]*



04202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3103280

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KAMATH, JAY K  
500 94TH AVE. NORTH  
ST PETERSBURG, FL 33702

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000075894350  
06/06/06--01060--010 \*\*711.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD KAMATH, J. (DR.) 500 94TH AVE. NORTH ST PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORBOM, BENJAMIN E 200 SOUTH HOOVER BLVD. #110 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSENWASSER, MARC 200 SOUTH HOOVER BLVD., #110 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

*Jayaprakash K. Kamath*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2006  
Date

Daytime Phone #

JAYAPRAKASH K. KAMATH, PRESIDENT