

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90014 019 ****61.25

DOCUMENT # 764670

1. Entity Name

**HIDDEN LAGOON BEACH CLUB OWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

8600 MIDNIGHT PASS RD.
SARASOTA FL 34242

8600 MIDNIGHT PASS RD.
SARASOTA FL 34242



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2542038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF P A
630 S ORANGE AVE 3RD FL
SARASOTA FL 34242**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and full if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

February 1, 2007

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 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 P ☐ Delete
NAME NIKLAS, PAUL
STREET ADDRESS 8600 MIDNIGHT PASS RD UNIT 703
CITY ST-ZIP SARASOTA FL 34242

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **PAUL NIKLAS**
STREET ADDRESS **8600 MIDNIGHT PASS RD UNIT 703**
CITY ST-ZIP **SARASOTA FL 34242**

TITLE T ☐ Delete
NAME KOLSCHOWSKY, GERALD
STREET ADDRESS 8600 MIDNIGHT PASS RD UNIT 501
CITY ST-ZIP SARASOTA FL 34242

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GERALD KOLSCHOWSKY**
STREET ADDRESS **8600 MIDNIGHT PASS RD UNIT 501**
CITY ST-ZIP **SARASOTA FL 34242**

TITLE S ☐ Delete
NAME HAYDEN, BUD
STREET ADDRESS 8600 MIDNIGHT PASS RD UNIT 203
CITY ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE S ☒ Delete
NAME NIKLAS, PAUL
STREET ADDRESS 8600 MIDNIGHT PASS RD., UNIT 703
CITY ST-ZIP SARASOTA FL 34242

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Paul Niklas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07
Date

Daytime Phone #