

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


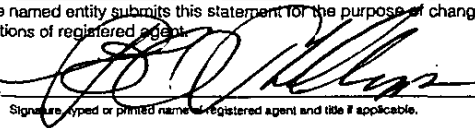
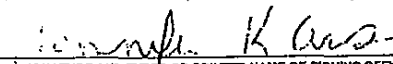
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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04052006 Chg-NP CR2E037 (11/05)

DOCUMENT # 770707					
1. Entity Name THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789 US			Mailing Address % ATTWOOD-PHILLIPS INC. 1350 ORANGE AVE. SUITE 100 WINTER PARK, FL 32789 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2519482	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RELIABLE PROPERTY MANAGERS, INC. PMB 346, 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name ATTWOOD-PHILLIPS INC Street Address (P.O. Box Number is Not Acceptable) 1350 ORANGE AVE STE 100 City WINTER PARK FL Zip Code 32789-4932		
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 May 10, 2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KOLB, SARA 203 ARBOR COURT SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AROS, JENNIFER 211 ARBOR CIR SANFORD FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HECHT, JODI 217 ARBOR CIRCLE SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, MARGIT 215 ARBOR CIR SANFORD FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERRING, AMY 203 ARBOR CIR SANFORD FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, ARLENE 135 HIDDEN ARBOR CT SANFORD FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, KIM 225 ARBOR CIR SANFORD FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.					
SIGNATURE: 		Date 4/16/06		Daytime Phone # 407-510-2409	