

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 15 AM 10:22

04/17/06 90342 024 <sup>61.35</sup>



04052006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2519482** Applied For  Not Applicable

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

**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

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**RELIABLE PROPERTY MANAGERS, INC. ---  
PMB 346, 4250 ALAFAYA TRAIL, ---  
SUITE 212 ---  
OWIEDO, 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: *[Signature]* DATE: **May 10, 2006**

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

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

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 PD  Delete  
NAME KOLB, SARA  
STREET ADDRESS 203 ARBOR COURT  
CITY-ST-ZIP SANFORD, FL 32773

TITLE PD  Change  Addition  
NAME AROS, JENNIFER  
STREET ADDRESS 211 ARBOR CIR  
CITY-ST-ZIP SANFORD FL 32773

TITLE V  Delete  
NAME HECHT, JODI  
STREET ADDRESS 217 ARBOR CIRCLE  
CITY-ST-ZIP SANFORD, FL 32773

TITLE VD  Change  Addition  
NAME ROBERTS, MARGIT  
STREET ADDRESS 215 ARBOR CIR  
CITY-ST-ZIP SANFORD FL 32773

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  Change  Addition  
NAME HERRING, AMY  
STREET ADDRESS 203 ARBOR CIR  
CITY-ST-ZIP SANFORD FL 32773

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Change  Addition  
NAME KIRKPATRICK, ARLENE  
STREET ADDRESS 135 HIDDEN ARBOR CT  
CITY-ST-ZIP SANFORD FL 32773

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Change  Addition  
NAME MCINTYRE, KIM  
STREET ADDRESS 225 ARBOR CIR  
CITY-ST-ZIP SANFORD FL 32773

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 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: *[Signature]* Date: **4/16/06** Daytime Phone #: **407-510-2409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR