2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

May 04, 2007 8:00 am Secretary of State 05-04-2007 90091 034 ****61.25 **DOCUMENT #770707** 1. Entity Name THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business 401000 Mailing Address 2884 S. OSCEOLA AVE. 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No.P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2519482 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name' WORLD OF HOMES Street Address (P.O. Box Number is Not Acceptable) 2884 S. OSCEOLA AVE. ORLANDO, FL 32806 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 Stonature, typed or printed name of registered agent and title if apolicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PP PD **⊠** Delete TITLE TITLE Change Addition JODY AROS, JENNIFER NAME HECHT NAME 217 ARBOR CIRCLE STREET ADDRESS 211 ARBOR CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD, FL 32773 SAWFORD, FL 32773 ☐ Change Addition TITLE Delete TITLE ROBERTS, MARGIT HERRING, ANAREW NAME NAME 203 ARBOR CIRCLE 215 ARBOR CIRCLE STREET ADDRESS STREET ADDRESS SANFORD, FL 32773 CITY-ST-ZIP SANFOAD, FL. 32773 CITY-ST-ZIP THILE STD Delete TITLE ☐ Change **☑** Addition HOPKIUS ROBERT 215 ARKOR CIRCLE SAWFORD, FL. 32773 HERRING, AMY NAME NAME STREET ADDRESS 203 ARBOR CIRCLE STREET ADDRESS CIFY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP Delete **Addition** TITLE ☐ Change TILLE DIAMATO, CAROL KIRKPATRICK, ARLENE NAME NAME 221 ARBOR CIRCLE 135 HIDDEN ARBOR COURT STREET ADDRESS STREET ADDRESS SANFORD, FL. 32773 CITY-ST-7IP CITY-SI-ZIP SANFORD, FL 32773 Delete ☐ Change M Addition TITLE TIFLE CARUSO, FLORENCE 131 HIDAEN ARBOR CT MCINTYRE, KIM NAME NAME 225 ARBOR CIRCLE STREET ADDRESS STREET ADDRESS SAW FORD FL. 32773 CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE

FILED

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Dale Daytime Phone #