

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770707

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O WORLD OF HOMES  
2884 S OSCEOLA AVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WORLD OF HOMES  
2884 S OSCEOLA AVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 59-2519482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WORLD OF HOMES  
2884 S. OSCEOLA AVE.  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HECHT, JODY  
Address: 217 ARBOR CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete  
Name: WOOD, MELANIE  
Address: 209 ARBOR CIR  
City-St-Zip: SANFORD, FL 32773

Title: S ( ) Delete  
Name: HOPKINS, ROBERT  
Address: 215 ARBOR CIRCLE  
City-St-Zip: SANFORD, FL 32773

Title: T ( ) Delete  
Name: AROS, JENNIFER  
Address: 211 ARBOR CIR  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: CARUSO, FLORENCE  
Address: 131 HIDDEN ARBOR CT.  
City-St-Zip: SANFORD, FL 32773

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE CARUSO

D

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date