

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