

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90043 016 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                     |                                                                                         |                                                                                                               |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N00000000093</b><br>1. Entity Name<br>HIDDEN LAKES RECREATION ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                     |                                                                                         |                              |                                                                              |
| Principal Place of Business<br>C/O INTEGRATED PROPERTY MGMT.<br>3435-10TH STREET N #201<br>NAPLES, FL 34103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                                                     | Mailing Address<br>% INTEGRATED PROPERTY MGMT<br>3435 10TH ST N 201<br>NAPLES, FL 34103 |                                                                                                               |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | 3. Mailing Address                                                                  |                                                                                         |                                                                                                               |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | Suite, Apt. #, etc.                                                                 |                                                                                         |                                                                                                               |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | City & State                                                                        |                                                                                         | 4. FEI Number<br><b>59-3729175</b>                                                                            |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   | Country                                                                             |                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>               |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                     |                                                                                         | 7. Name and Address of New Registered Agent                                                                   |                                                                              |
| SHIELDS, CHRISTOPHER J<br>1833 HENDRY STREET<br>P.O. DRAWER<br>FORT MYERS, FL 33902                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                     |                                                                                         | Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                     |                                                                                         |                                                                                                               |                                                                              |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                         | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                  |                                                                              |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                     |                                                                                         |                                                                                                               |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                   |                                                                                                               |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>CAZALET, ALICE<br>9870 SPRING RUN BLVD<br>BONITA SPRINGS, FL | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | PD<br>Walter, Joseph<br>9890 Spring Run Blvd., #2803<br>Bonita Springs, FL 34135                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PARDO, ROGER<br>23765 CLEAR SPRING CT<br>BONITA SPRINGS, FL  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | VD<br>Lacey, Nancy<br>23815 Clear Spring Court, #2107<br>Bonita Springs, FL 34135                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>PERRI, VINCENT<br>9830 SPRING RUN BLVD<br>BONITA SPRINGS, FL | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | STD<br>Perri, Vincent<br>9830 Spring Run Blvd., #3401<br>Bonita Springs, FL 34135                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | D<br>DePledge, Anne<br>23770 Clear Spings Court, #1409<br>Bonita Springs, FL 34135                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | D<br>Kelly, Jack<br>9891 Spring Run Blvd., #2708<br>Bonita Springs, FL 34135                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                          | D<br>Johnson, Richard<br>23800 Clear Spring Court, #2407<br>Bonita Springs, FL 34135                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                   |                                                                                     |                                                                                         |                                                                                                               |                                                                              |
| <b>SIGNATURE:</b> <i>Joseph Walter</i> <b>JOSEPH WALTER</b> <b>4-7-2005</b> <b>239-942 0549</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                     |                                                                                         |                                                                                                               |                                                                              |