

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 033 ****61.25

DOCUMENT # N00000000093					
1. Entity Name HIDDEN LAKES RECREATION ASSOCIATION, INC.					
Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435-10TH STREET N #201 NAPLES, FL 34103			Mailing Address % INTEGRATED PROPERTY MGMT 3435 10TH ST N 201 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3729175	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET P.O. DRAWER FORT MYERS, FL 33902			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistings) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DP NAME FOX, PAT STREET ADDRESS 23775 CLEAR SPRING CRT #2407 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Cavadini, Charles STREET ADDRESS 9832 Spring Run Blvd. #3407 CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME PERRI, VINCENT STREET ADDRESS 9830 SPRING RUN BLVD. #3401 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE D NAME Robertson, Bob STREET ADDRESS 23790 Clear Spring Ct., #1602 CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DST NAME FICKS, CAROL STREET ADDRESS 23760 CLEAR SPRING CRT. #1301 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE D NAME DePledge, Anne STREET ADDRESS 23770 Clear Spring Ct. #1409 CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME ROBERTSON, BOB STREET ADDRESS 23790 CLEAR SPRING CRT. #1502 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE D NAME Coker, Grace STREET ADDRESS 23815 Clear Spring Ct. #2108 CITY-ST-ZIP Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LOW, ROBERT STREET ADDRESS 9870 SPRING RUN BVLD #3005 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE DVP NAME Low, Robert STREET ADDRESS 9870 Spring Run Blvd., #3005 CITY-ST-ZIP Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME THOMPSON, ELLY STREET ADDRESS 9860 SPRING RUN BLVD. #2907 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE DAL NAME Klocke, Ron STREET ADDRESS 9870 Spring Run Blvd. #3001 CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Charles S. Cavadini</u> CHARLES S. CAVADINI 3/21/08 495-9546 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					