# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2009**
**Secretary of State**

DOCUMENT# N00000000093

**Entity Name:** HIDDEN LAKES RECREATION ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MGMT.
3435-10TH STREET N #201
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

% INTEGRATED PROPERTY MGMT
3435 10TH ST N 201
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number: 59-3729175** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
P.O. DRAWER
FORT MYERS, FL 33902 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: DP ( ) Delete
Name: CAVADINI, CHARLES
Address: 9832 SPRING RUN BLVD 3407
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: PERRI, VINCENT
Address: 9830 SPRING RUN BLVD. #3401
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DST ( ) Delete
Name: FICKS, CAROL
Address: 23760 CLEAR SPRING CRT. #1301
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: COKER, GRACE
Address: 23815 CLEAR SPRING CT 2108
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DVP ( ) Delete
Name: LOW, ROBERT
Address: 9870 SPRING RUN BLVD 3005
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DAL ( ) Delete
Name: KLOCKIE, RON
Address: 9870 SPRING RUN BLVD 3001
City-St-Zip: BONITA SPRINGS, FL 34135

**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:

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: CHARLES CAVADINI DP 01/29/2009
Electronic Signature of Signing Officer or Director — Date