


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90001 011 \*\*\*\*61.25

<b>DOCUMENT # N0100000288</b>	
1. Entity Name HIDDEN LAKE AT BONITA PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 2015 W 5TH AVE COLUMBUS, OH 43212	Mailing Address 2015 W 5TH AVE COLUMBUS, OH 43212
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54058790



2. Principal Place of Business 1441 KING AVE.	3. Mailing Address 1441 KING AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04192004 Chg-NP CR2E037 (10/03)

City & State COLUMBUS, OH	City & State COLUMBUS, OH	4. FEI Number 58-2593893	Applied For Not Applicable
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Zip 43212	Country USA	Zip 43212	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
MONTGOMERY, NEALE 1833 HENDRY ST FT MYERS, FL 33901

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRISON, TERRY 2015 W 5TH AVE COLUMBUS, OH 43212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, D SCOTT 2015 W 5TH AVE COLUMBUS, OH 43212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIGGS, J DAVID 2015 W 5TH AVE COLUMBUS, OH 43212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORRISON, TERRY 1441 KING AVE COLUMBUS, OH 43212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, D SCOTT 1441 KING AVE COLUMBUS, OH 43212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIGGS, J DAVID 1441 KING AVE COLUMBUS, OH 43212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.

**SIGNATURE:**  TERRY W. MORRISON  6/7/04   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #