


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000000288

1. Entity Name
**HIDDEN LAKE AT BONITA PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**2015 W. FIFTH AVE
COLUMBUS, OH 43212 US** **PO BOX 163216
COLUMBUS, OH 43216-3216 US**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
58-2593893 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTGOMERY, NEALE
1833 HENDRY ST
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when reinstated) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**U00000490704
04/18/06-80067-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, D SCOTT 2015 W. FIFTH AVE COLUMBUS, OH 43212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIGGS, J DAVID 2015 W. FIFTH AVE COLUMBUS, OH 43212
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IN THIS SPACE**

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:  **3/31/06** **614-486-1148**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #