

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90034 047 \*\*\*\*61.25

**DOCUMENT # N0100000288**  
 1. Entity Name  
**HIDDEN LAKE AT BONITA PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**2015 W. FIFTH AVE**      **PO BOX 163216**  
**COLUMBUS, OH 43212 US**      **COLUMBUS, OH 43216-3216 US**

60010360



**DO NOT WRITE IN THIS SPACE**

01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>58-2593893</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MONTGOMERY, NEALE**  
**1833 HENDRY ST**  
**FT MYERS, FL 33901**

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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 *Kirk Bliss* *Krance-Tread Management* *Kris Tuffles* *2-20-2007*  
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, 2007**

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

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *D Settles* *2-13-07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #