


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90020 004 \*\*\*\*61.25

<b>DOCUMENT # N0100000288</b>			
1. Entity Name HIDDEN LAKE AT BONITA PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2015 W. FIFTH AVE COLUMBUS, OH 43212 US		Mailing Address PO BOX 163216 COLUMBUS, OH 43216-3216 US	
2. Principal Place of Business - No P.O. Box # 3050 Horseshoe Dr N Suite, Apt. #, etc. 275		3. Mailing Address 3050 Horseshoe Dr N Suite, Apt. #, etc. 275	
City & State Naples, FL Zip 34104 Country US		City & State Naples, FL Zip 34104 Country US	
04282008		Chg-NP CR2E037 (12/06)	
4. FEI Number 58-2593893		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, NEALE 1833 HENDRY ST FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Kramer-Triad Mgt Street Address (P.O. Box Number is Not Acceptable) 3050 Horseshoe Dr N #275 City Naples FL Zip Code 34104	
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: <u><i>Maury Grasso, agent</i></u> DATE: <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	DV OWENS, D SCOTT 2015 W. FIFTH AVE COLUMBUS, OH 43212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RIGGS, J DAVID 2015 W. FIFTH AVE COLUMBUS, OH 43212 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Maury Grasso, agent</i></u>		Date: <u>4-25-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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