2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90178 016 ****61.25

DOCUMENT # N01000008027

1. Entity Name
HIDDEN LINKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134

2. Principal Place of Business	3. Mailing Address
8359 Beacon Blvd.	8359 Beacon Blvd.
Suite, Apt. #, etc.: suite 417	Suite, Apt. #, etc.: suite 417
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33907 Country:	Zip: 33907 Country:

01172006 Chg-NP CR2E037 (11/05)

4. FEI Number 04-3637604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WCI COMMUNITIES PROPERTY MGMT, INC 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	Name: CornerStone Assoc. Mgmnt. Inc. Street Address (P.O. Box Number is Not Acceptable): 8359 Beacon Blvd. Suite 417 City: Fort Myers FL Zip Code: 33907

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: Sherry Massey
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, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BAILES, DIANE 12052 BRASSIE BEND UNIT 102 FORT MYERS, FL 33913	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BYRNE, JOSEPH 12060 BRASSIE BEND UNIT 202 FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD NICE, STEVE 12072 BRASSIE BEND UNIT 201 FORT MYERS, FL 33913	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #