2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N01000008027

Entity Name: HIDDEN LINKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 4
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

C/O CORNERSTONE ASSOCIATION MANAGEMENT INC
11940 FAIRWAY LAKES DR. SUITE 4
FORT MYERS, FL 33913

New Mailing Address:

FEI Number: 04-3637604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERRY, NASSOIY
CORNERSTONE ASSOCIATION MANAGEMENT, INC.
11940 FAIRWAY LAKES DR. SUITE 04
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BYRNE, JOSEPH
Address: 12060 BRASSIE BEND UNIT 202
City-St-Zip: FORT MYERS, FL 33913

Title: DST ( ) Delete
Name: MORSCHHAUSER, JOYCE
Address: 12020 BRASSIE CIRCLE #202
City-St-Zip: FORT MYERS, FL 33913

Title: DVP ( ) Delete
Name: SUTHERLAND, ROBERT
Address: 12021 BRASSIE CIRCLE #201
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DTS (X) Change ( ) Addition
Name: MCKINLEY, DERALD
Address: 12072 BRASSIE BEND #102
City-St-Zip: FORT MYERS, FL 33913

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY NASSOIY RA 04/25/2009

Electronic Signature of Signing Officer or Director — Date