

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90012 033 ****61.25

DOCUMENT # N02000001980

1. Entity Name
HIDDEN LAGOON AT ARROWHEAD POINT II
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1645 PINELLAS BAYWAY
TIERRA VERDE, FL 33715

Mailing Address
POB 47068
SAINT PETERSBURG, FL 33743

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05182007

Chg-NP

CR2E037 (12/06)

4. FEI Number
02-0580235

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WELTON, RONALD
5444 PRK BLVD
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5444 Park Blvd #101

City

FL

Zip Code

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

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 September 14, 2007

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	IBANEZ, PAUL	
STREET ADDRESS	10033 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	OSTROWSKI, RALPH	
STREET ADDRESS	10033 NINTH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, RON	
STREET ADDRESS	10033 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERO, DICK	
STREET ADDRESS	10033 NINTH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTON, ANDY	
STREET ADDRESS	10033 NINTH ST NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ibanez, Paul	
STREET ADDRESS	1645 Pinellas Bayway B4	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	Ostrowski, Ralph	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ostrowski, Ralph	
STREET ADDRESS	1695 Pinellas Bayway B5	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Albergo, Fred	
STREET ADDRESS	1645 Pinellas Bayway B4	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	Rogero, Dick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rogero, Dick	
STREET ADDRESS	1695 Pinellas Bayway C2	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cherk, Melissa	
STREET ADDRESS	1695 Pinellas Bayway A3	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or other like empowered.

SIGNATURE: *Ralph Ostrowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/07

Date

727-866-7103

Daytime Phone #