

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2005  
Secretary of State**

DOCUMENT# N02000002139

**Entity Name:** HIDDEN LAKES ESTATES OF GROVELAND HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 01-0648274      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC.  
2180 W. SR 434, STE 5000  
LONGWOOD, FL 32779 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: PD ( ) Delete  
Name: LAVENDER, LYNETTE  
Address: 138 HIDDEN POINTE LN  
City-St-Zip: GROVELAND, FL 34736

Title: VPD ( ) Delete  
Name: MACINNIS, DAVID  
Address: 204 COUNTRY LAKES CIR.  
City-St-Zip: GROVELAND, FL 34736

Title: STD ( ) Delete  
Name: BORAK, KEVIN  
Address: 145 COUNTRY LAKES CIR  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: UPCHURCH, CHARLES  
Address: 161 COUNTRY LAKES CIR.  
City-St-Zip: GROVELAND, FL 34736

Title: D (X) Delete  
Name: ALVEREZ, BERTHA  
Address: 185 HIDDEN POINTE LN  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: CLARK, JON  
Address: 267 COUNTRY LAKES CIR.  
City-St-Zip: GROVELAND, FL 34736

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNETTE LAVENDER

PD

04/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date