
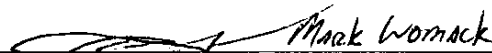


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90245 023 ****61.25

DOCUMENT # N02000002139			
1. Entity Name HIDDEN LAKES ESTATES OF GROVELAND HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business 4250 ALAFAYA TR - STE 212 PMB 345 OVIEDO, FL 32765		Mailing Address 4250 ALAFAYA TR - STE 212 PMB 345 OVIEDO, FL 32765	
2. Principal Place of Business PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212		3. Mailing Address PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212	
City & State Oviedo, FL		City & State Oviedo, FL	
Zip 32765		Zip 32765	
Country		Country	
4. FEI Number 01-0648274		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURNSIDE, LILLY % RELIABLE PROPERTY MANAGERS 4250 ALAFAYA TR - STE. 212 OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name Lilly Burnside db Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) PMB 345 4250 Alafaya Tr. Suite 212 City Oviedo FL Zip Code 32765	
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 May 1, 2006		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 PD	NAME LAVENDER, LYNETTE <input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 138 HIDDEN POINTE LN	CITY-ST-ZIP GROVELAND, FL 34736	NAME Mark S. Womack	STREET ADDRESS 298 Hidden View Dr.
		CITY-ST-ZIP Groveland, FL 34736	
TITLE VPD	NAME MACINNIS, DAVID <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 204 COUNTRY LAKES CIR.	CITY-ST-ZIP GROVELAND, FL 34736	NAME	STREET ADDRESS
		CITY-ST-ZIP	
TITLE STD	NAME BORAK, KEVIN <input checked="" type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 145 COUNTRY LAKES CIR	CITY-ST-ZIP GROVELAND, FL 34736	NAME Linda Lee Lukovics	STREET ADDRESS 352 Hidden View Dr.
		CITY-ST-ZIP Groveland, FL 34736	
TITLE D	NAME UPCHURCH, CHARLES <input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 161 COUNTRY LAKES CIR.	CITY-ST-ZIP GROVELAND, FL 34736	NAME Edward Prosienski	STREET ADDRESS 377 Ed Douglas Rd.
		CITY-ST-ZIP Groveland, FL 34736	
TITLE D	NAME CLARK, JON <input checked="" type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 267 COUNTRY LAKES CIR.	CITY-ST-ZIP GROVELAND, FL 34736	NAME Dallas Derifield	STREET ADDRESS 177 Hidden view Dr.
		CITY-ST-ZIP Groveland, FL 34736	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.			
SIGNATURE: 		Date 4/3/06 Daytime Phone # 352 5164328	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			