



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 City & State Oviedo, FL Zip 32765		3. Mailing Address PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765			
03102006 Chg-NP		CR2E037 (11/05)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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					
TITLE PD NAME LAVENDER, LYNETTE STREET ADDRESS 138 HIDDEN POINTE LN CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE VPD NAME MACINNIS, DAVID STREET ADDRESS 204 COUNTRY LAKES CIR. CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE STD NAME BORAK, KEVIN STREET ADDRESS 145 COUNTRY LAKES CIR CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE D NAME UPCHURCH, CHARLES STREET ADDRESS 161 COUNTRY LAKES CIR. CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE D NAME CLARK, JON STREET ADDRESS 267 COUNTRY LAKES CIR. CITY-ST-ZIP GROVELAND, FL 34736	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE President NAME Mark S. Womack STREET ADDRESS 298 Hidden View Dr. CITY-ST-ZIP Groveland, FL 34736					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE Secretary NAME Linda Lee Lukovics STREET ADDRESS 352 Hidden View Dr. CITY-ST-ZIP Groveland, FL 34736					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE Treasurer NAME Edward Prosienski STREET ADDRESS 377 Ed Douglas Rd. CITY-ST-ZIP Groveland, FL 34736					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE Director NAME Dallas Derifield STREET ADDRESS 177 Hidden view Dr. CITY-ST-ZIP Groveland, FL 34736					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Mark Womack</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/3/06 Daytime Phone # 352 5164328					