

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002139

FILED
Apr 06, 2007
Secretary of State

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

Current Principal Place of Business:

PMB 345 4250 ALAFAYA TR
SUITE 212
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

PMB 345 4250 ALAFAYA TR
SUITE 212
OVIEDO, FL 32765

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:

BURNSIDE, LILLY
% RELIABLE PROPERTY MANAGERS
PMB 345 4250 ALAFAYA TR SUITE 212
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RELIABLE PROPERTY MANAGERS
4250 ALAFAYA TRAIL
SUITE 212-345
OVIEDO, FL 32765 US

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: CURTIS BURNSIDE 04/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOMACK, MARK S
Address: 298 HIDDEN VIEW DR
City-St-Zip: GROVELAND, FL 34736

Title: S () Delete
Name: LUKOVICS, LINDA L
Address: 352 HIDDEN VIEW DR
City-St-Zip: GROVELAND, FL 34736

Title: T () Delete
Name: PROSIENSKI, EDWARD
Address: 377 ED DOUGLAS RD
City-St-Zip: GROVELAND, FL 34736

Title: D () Delete
Name: DERIFIELD, DALLAS
Address: 177 HIDDEN VIEW DR
City-St-Zip: GROVELAND, FL 34736

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: KLINGBERG, CLAUDIA
Address: 337 HIDDEN VIEW DR
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK WOMACK P 04/06/2007

Electronic Signature of Signing Officer or Director Date