

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90015 045 ****61.25

DOCUMENT # N02000002139	
1. Entity Name HIDDEN LAKES ESTATES OF GROVELAND HOMEOWNER'S ASSOCIATION, INC.	
Principal Place of Business PMB 345 4250 ALAFAYA TR SUITE 212 OVIEDO, FL 32765	Mailing Address PMB 345 4250 ALAFAYA TR SUITE 212 OVIEDO, FL 32765



Premier Community Managers, Inc.
5151 Adanson Street, Suite 103
Orlando, FL 32804

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Orlando, FL 32804

282008 Chg-NP CR2E037 (12/06)

FBI Number 01-0648274	Applied For Not Applicable
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Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET SUITE 103 ORLANDO, FL 32804	Name
	Street Address (P.O. Box Number is Not Acceptable)
	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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-08

**Filing Fee is \$61.25
Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, MARK S	NAME	
STREET ADDRESS	298 HIDDEN VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKOVICS, LINDA L	NAME	
STREET ADDRESS	352 HIDDEN VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSIENSKI, EDWARD	NAME	
STREET ADDRESS	377 ED DOUGLAS RD	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERIFIELD, DALLAS	NAME	
STREET ADDRESS	177 HIDDEN VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLINGBERG, CLAUDIA	NAME	
STREET ADDRESS	337 HIDDEN VIEW DR	STREET ADDRESS	
CITY-ST-ZIP	GROVELAND, FL 34736	CITY-ST-ZIP	
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:

Linda Lee Lukovics

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #