


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90115 010 \*\*\*\*61.25

<b>DOCUMENT # N03000008661</b>					
1. Entity Name HIDDEN LAKE OF MANATEE OWNERS ASSOCIATION, INC.					
Principal Place of Business 6301 7TH AVE. CIR. W BRADENTON, FL 34209			Mailing Address PO BOX 1607 HOLMES BEACH, FL 34218		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0362169	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHERMER, ROBERT C 1301 6TH AVENUE WEST SUITE 400 BRADENTON, FL 34205			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		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	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLANZ, REYNOLD L		NAME		
STREET ADDRESS	192 WILD HORSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT, CA 92211		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHELESS, LACINDA		NAME		
STREET ADDRESS	192 WILD HORSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM DESERT, CA 92211		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLANZ, JON		NAME	C. VERNON LOCKEAR	
STREET ADDRESS	43161 PORT MARIA ROAD		STREET ADDRESS	9010 BEACON MANOR TERRACE	
CITY-ST-ZIP	INDIO, CA 92211		CITY-ST-ZIP	BRADENTON FL 34212	
TITLE	M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONDON, TOM		NAME		
STREET ADDRESS	6400 MANATEE AVE W. G		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	ROGER BYRON	
STREET ADDRESS			STREET ADDRESS	444 7TH AV CIR W	
CITY-ST-ZIP			CITY-ST-ZIP	BRADENTON FL 34209	
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: <i>Thomas E. Condon</i>		MAY AGENT		4/25/08 1-941-779-2223	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	