

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008661

FILED
Mar 21, 2009
Secretary of State

Entity Name: HIDDEN LAKE OF MANATEE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6301 7TH AVE. CIR. W
BRADENTON, FL 34209

New Principal Place of Business:

6404 7TH AVENUE CIRCLE WEST
BRADENTON, FL 34209

Current Mailing Address:

PO BOX 1607
HOLMES BEACH, FL 34218

New Mailing Address:

FEI Number: 20-0362169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERMER, ROBERT C
1301 6TH AVENUE WEST
SUITE 400
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GLANZ, REYNOLD L
Address: 192 WILD HORSE DRIVE
City-St-Zip: PALM DESERT, CA 92211

Title: D () Delete
Name: WHELESS, LACINDA
Address: 192 WILD HORSE DRIVE
City-St-Zip: PALM DESERT, CA 92211

Title: D (X) Delete
Name: LOCKEAR, C. VERNON
Address: 9010 BEACON MANOR TERRACE
City-St-Zip: BRADENTON, FL 34212

Title: M () Delete
Name: CONDRON, TOM
Address: 6400 MANATEE AVE W. G
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: BYRON, ROGER
Address: 6444 7TH AVE CIR W
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GLANZ, REYNOLD L
Address: 40490 DESERT CREEK LANE
City-St-Zip: RANCHO MIRAGE, CA 92270

Title: D (X) Change () Addition
Name: WHELESS, LACINDA
Address: 43161 PORT MARIA ROAD
City-St-Zip: INDIO, CA 92211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TOM CONDRON

M

03/21/2009

Electronic Signature of Signing Officer or Director

Date