


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90020 050 \*\*\*\*61.25

**DOCUMENT # N04000002449**

1. Entity Name  
**THE VILLAGE AT HIDDEN LAKES PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 320 NW 3RD AVE.  
 OCALA, FL 34475

Mailing Address  
 P.O. BOX 772637  
 OCALA, FL 34477

20018925

2. Principal Place of Business  
 2605 S. W. 33rd St.  
 Suite, Apt. #, etc.  
 Suite 200

3. Mailing Address  
 P.O Box 2495  
 Suite, Apt. #, etc.

City & State  
 Ocala, FL


City & State  
 Ocala, FL

Zip  
 34474

Country  
 USA

Zip  
 34478

Country  
 USA



01242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 20-0994896

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANATTY, JOSEPH M  
 320 NW 3RD AVE.  
 OCALA, FL 34475

7. Name and Address of New Registered Agent

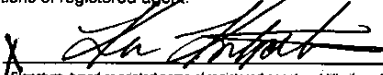
Name  
 Kirkpatrick, Kenneth B.

Street Address (P.O. Box Number is Not Acceptable)  
 2605 S. W. 33rd St., Suite 200

City  
 Ocala, FL

FL Zip Code  
 34474

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 

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	LENNON, DAVID M	
STREET ADDRESS	320 NW 3RD AVE.	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DOUGLAS	
STREET ADDRESS	320 NW 3RD AVE.	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANRATTY, JOSEPH	
STREET ADDRESS	320 NW 3RD AVE.	
CITY-ST-ZIP	OCALA, FL 34475	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>2007 DENIS LONGAN</del>	
STREET ADDRESS	<del>3088 Cranberry Hwy.</del>	
CITY-ST-ZIP	<del>E. Wareham, MA 02538</del>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prescott Wright	
STREET ADDRESS	3088 Cranberry Hwy.	
CITY-ST-ZIP	E. Wareham, MA 02538	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denis Longan	
STREET ADDRESS	3088 Cranberry Hwy.	
CITY-ST-ZIP	E. Wareham, MA 02538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **David M Lennon** 2/27/06 352/369-9881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #