

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-02-2006 90148 036 ****61.25

DOCUMENT # N04000011083						
1. Entity Name HIDDEN LAKES OF PALM COAST HOMEOWNER'S ASSOCIATION, INC.						
Principal Place of Business 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176			Mailing Address 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR		
				☐ Applied For ☐ Not Applicable		
5. 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			
JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)						
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FISHER, JAMES R. 685 GRANDE VENETIAN BAY BLVD. NEW SMYRNA BEACH, FL 32168		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT PAYTAS, JR., JAMES 794 SANDERS RD. PORT ORANGE, FL 32127		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>X. X. Jobalia</u> 4-25-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						

ATTACHMENT

Print Review IRS Form SS-4 EIN

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NO4000011083

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-2748892 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested HIDDEN LAKES OF PALM COAST HOMEOWNERS ASSOCIATION INC					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) PO BOX 0396			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code ORMOND BEACH FL 32175 - 0396			5b City, state, and ZIP code		
6* County and state where principal business is located County VOLUSIA State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustor DIPAK D JOBALIA			7b* SSN, ITIN, EIN 264-27-9893		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☒ Corporation (enter form number to be filed) ▶ 1120H ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶			☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC ☐ Group Exemption NO. (GEN) ▶ ☐ State/local government ☐ Federal government/military ☐ Indian tribal government/enterprises		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) ☒ Started new business (specify type) ▶ HOMEOWNERS ASSN ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶			☐ Banking purpose (specify purpose) ▶ ☐ Changed type of organization (specify new type) ▶ ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) NOV 22 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0."</i>			Agriculture 0		Household 0
14* Check box that best describes the principal activity of your business ☐ Construction ☐ Real estate ☐ Rental & leasing ☐ Manufacturing ☐ Transportation & warehousing ☐ Finance & insurance ☒ Other (specify) HOMEOWNERS ASSOCIATION			☐ Health care & social assistance ☐ Accommodation & food service ☐ Retail ☐ Wholesale-agent/broker ☐ Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. HOMEOWNERS ASSOCIATION					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No <i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name DAVID E SHEIN Address and ZIP code 1300 W EAU GALLIE BLVD MELBOURNE FL 32935			Designee's telephone number (include area code) (321) 394 - 1300 Designee's fax number (include area code) (321) 242 - 5987	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	