

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90045 011 ****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 - No P.O. Box # 794 SANDERS RD		3. Mailing Address 794 SANDERS RD			
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1			
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL			
Zip 32127		Country USA		4. FEI Number 20-2748892	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176			7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JOBALIA, DIPAK 846 RIVERSIDE DRIVE ORMOND BEACH, FL 32176		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		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOBALIA, ANAND 2855 S. ATLANTIC AVE #202 DAWSON BLVD SHORES, FL 32118 ☐ 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 of 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/3/08 Daytime Phone # 386/756-0439		