

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011076

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** HIDDEN LAKE ESTATES HOMEOWNERS ASSOCIATION INC. OF HAINES CITY

**Current Principal Place of Business:**

870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 20-8942818      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SUTTON, DEREK  
870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714      US

**Name and Address of New Registered Agent:**

CASLOW, SHARON  
870 SUNSHINE LANE  
ALTAMONTE SPRINGS, FL 32714      US

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: SHARON CASLOW

05/01/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: NICHOLSON, ANTHONY J  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      (X) Delete  
Name: SUTTON, DEREK  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      (X) Delete  
Name: GRAY, THOMAS J III  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: CASLOW, SHARON  
Address: 870 SUNSHINE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: SHARON CASLOW

D

05/01/2007

Electronic Signature of Signing Officer or Director

Date