

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