

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N06000002296

**Entity Name:** THE HIDDEN LAKES AT LAKE HAMILTON HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

2580 CHANNEL WAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

**Current Mailing Address:**

884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

WILLIAM N. ASMA, P.A.  
884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title:                      D                      ( ) Delete  
Name:                      AKKERMAN, RUDOLF  
Address:                      2580 CHANNEL WAY  
City-St-Zip:                      KISSIMMEE, FL 34746

Title:                      D                      ( ) Delete  
Name:                      KOPER-AKKERMAN, MARJON  
Address:                      2580 CHANNEL WAY  
City-St-Zip:                      KISSIMMEE, FL 34746

Title:                      D                      ( ) Delete  
Name:                      STUT, MARGARET  
Address:                      2580 CHANNEL WAY  
City-St-Zip:                      KISSIMMEE, FL 34746

**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:

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: WILLIAM N.ASMA

AGT

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date