2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90194 013 ****61.25

DOCUMENT # N08128

1. Entity Name
HIDDEN LAKE OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2116 NW 74 PLACE GAINESVILLE, FL 32653	2116 NW 74 PLACE GAINESVILLE, FL 32653

03062006 Chg-NP CR2E037 (11/05)

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 59-2698301 ☐ 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
DANVER, LINDA 7315 NW 21ST WAY GAINESVILLE, FL 32663	Name: Laurie Hart Street Address (P.O. Box Number is Not Acceptable): 7319 NW 21st Ct. City: Gainesville FL Zip Code: 32653

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: A. Laurie Hart (A. Laurie Hart), treasurer 4/17/06
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, 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 WHEELER, LORI 7318 NW 21 CT GAINESVILLE, FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Bill Hart 7319 NW 21st Ct. Gainesville, FL. 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MULLEN, STEVE 2114 NW 72ND PLACE GAINESVILLE, FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Helen Hardy 7305 NW 21st Ct. Gainesville, FL. 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HART, LORI 7319 NW 21 CT GAINESVILLE, FL 32653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Laurie Hart 7319 NW 21st Ct. Gainesville, FL. 32653	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DANVER, LINDA 7313 NW 21ST WAY GAINESVILLE, FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Becci Miller 7418 NW 21st Way Gainesville, FL. 32653	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCARTY, CADMUS 2111 NW 72ND PLACE GAINESVILLE, FL 32653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Thelma Martin 7233 NW 21st Way Gainesville, FL. 32653	☑ 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: A. Laurie Hart, A. Laurie Hart 4/17/06 (352)335-1482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #