

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 001 ****61.25

DOCUMENT # N20358

1. Entity Name
HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**556 RACHET DR., NE
WINTER HAVEN, FL 33881 US**

Mailing Address
**556 RACHET DR., NE
WINTER HAVEN, FL 33881 US**

40030450



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2796446

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DAMONTE, JONATHAN JAMES
12110 SEMINOLE BLVD
7800-113TH N
LARGO, FL 33778**

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, 2007**

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

TITLE **P** ☒ Delete
NAME **SHEPPARD, PHYLLIS R**
STREET ADDRESS **836 BUNKER CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Delete
NAME **JERMYN, JOHN**
STREET ADDRESS **552 RACKET DRIVE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **T** ☒ Delete
NAME **CONLON, LAWRENCE**
STREET ADDRESS **847 NINE IRON CT**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **S** ☐ Delete
NAME **IVES, DOROTHY**
STREET ADDRESS **516 CENTURY DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☒ Delete
NAME **WALLACE, CHARLES**
STREET ADDRESS **801 BUNKER CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **V** ☐ Delete
NAME **FRANK, EDGAR**
STREET ADDRESS **795 SANDTRAP CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **CONLON, LAWRENCE W.**
STREET ADDRESS **847 NINE IRON CT**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **T** ☐ Change ☒ Addition
NAME **KNIGHT, ROBERT E.**
STREET ADDRESS **561 RACKET DR.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **JACK BEADLE**
STREET ADDRESS **905 BUNKER CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **STOCKER, CLYDE**
STREET ADDRESS **543 CENTURY DR.**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **BAKER, GAIL**
STREET ADDRESS **542 CENTURY DR**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **D** ☒ Change ☐ Addition
NAME **SHEPPARD, PHYLLIS R.**
STREET ADDRESS **836 BUNKER CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

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 the empowered.

SIGNATURE: *Lawrence W. Conlon* **LAWRENCE W. CONLON PRES., FEB 20, 2007 863-298-8099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #