


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90029 015 ****61.25

DOCUMENT # N23616 1. Entity Name HIDDEN COVE OF LAKE TAVARES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1320 COVE PLACE TAVARES FL 32778 US			Mailing Address 1320 COVE PLACE TAVARES FL 32778 US		
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 59-2870811				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COTTERILL, LEWIS W 1320 COVE PLACE TAVARES FL 32778			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> SIGNATURE Arthur A. Wilde <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: center;"> Arthur A. Wilde <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="text-align: center;"> 2-8-05 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTERILL, LEWIS W.		NAME		
STREET ADDRESS	1320 COVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCIUS, ROBERT		NAME		
STREET ADDRESS	1321 COVE PL		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAPPITALL, JOHN		NAME		
STREET ADDRESS	1304 COVE PL		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLES PEITZ		NAME		
STREET ADDRESS	1306 COVE PL		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FJELSTUL, JILL		NAME		
STREET ADDRESS	1311 COVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		CITY-ST-ZIP		
TITLE	I <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILDE, ARTHUR		NAME		
STREET ADDRESS	1324 COVE PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Arthur A. Wilde Arthur A. Wilde 2-8-05 (352)343-7995 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					