

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 27, 2009
Secretary of State**

DOCUMENT# N29500

Entity Name: HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**INTEGRITY PROPERT MGT. INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071**New Principal Place of Business:****Current Mailing Address:**INTEGRITY PROPERT MGT. INC.
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071**New Mailing Address:**

FEI Number: 65-0364031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROBERT KAYE & ASSOCIATES, P.A.
6261 N.W. 6 WAY, #103
FORT LAUDERDALE, FL 33309 US**Name and Address of New Registered Agent:**INTEGRITY PROPERTY MANAGEMENT
953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 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: CYNTHIA G WHITTLE

07/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: DILAURA, BARBARA
Address: 6217 NW 42 COURT
City-St-Zip: CORAL SPRINGS, FL 33067Title: TD () Delete
Name: MCIVER, STUART
Address: 4330 NW 62ND TERRACE
City-St-Zip: CORAL SPRINGS, FL 33067Title: D () Delete
Name: KILGORE, SCOTT
Address: 4211 NW 62 AVENUE
City-St-Zip: CORAL SPRINGS, FL 33067Title: VPD () Delete
Name: SHOWALTER, DON
Address: 4350 NW 63RD AVE
City-St-Zip: CORAL SPRINGS, FL 33067Title: SD () Delete
Name: COOK, SUSIE
Address: 6248 NW 43RD ST
City-St-Zip: CORAL SPRINGS, FL 33067**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: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: BARBARA DILAURA

DP

07/27/2009

Electronic Signature of Signing Officer or Director

Date