# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 25, 2004 8:00 am**
**Secretary of State**
05-25-2004 90001 048 ****61.25

DOCUMENT # N40495

1. Entity Name
HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4244 W. TENNESSEE STREET<br>TALLAHASSEE, FL 32304 | 4244 W. TENNESSEE STREET<br>SUITE 178<br>TALLAHASSEE, FL 32304 US |

01182004 Chg-NP CR2E037 (10/03)

| 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 59-3313867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GREEN, LEON
1857 GINA DRIVE
TALLAHASSEE, FL 32303

**7. Name and Address of New Registered Agent**

Name: Williams, LaRhonda
Street Address (P.O. Box Number is Not Acceptable): 1861 Gina Lane
City: Tallahassee FL Zip Code: 32303

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: LaRhonda L. Williams 1/19/04
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, 2004**

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 | SD<br>KENON, CHARLENE<br>4244 W TENNESSEE ST BOX 178<br>TALLAHASSEE, FL 32304 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BOWER, KEVIN<br>4244 W TENNESSEE ST BOX 178<br>TALLAHASSEE, FL 32304 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>HUTCHASON, DAVID<br>4244 W TENNESSEE ST BOX 178<br>TALLAHASSEE, FL 32304 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TEEMS, CHAD<br>4244 W TENNESSEE ST BOX 178<br>TALLAHASSEE, FL 32304 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>GREEN, LEON<br>4244 W TENNESSEE ST BOX 178<br>TALLAHASSEE, FL 32304 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TP<br>Williams, LaRhonda<br>4424 W. Tennessee St Box 178<br>Tallahassee, FL 32303 | ☐ 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 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:** LaRhonda L. Williams 1/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #