2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N40495

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

Principal Place of Business	Mailing Address
4244 W. TENNESSEE STREET TALLAHASSEE, FL 32304	4244 W. TENNESSEE STREET SUITE 178 TALLAHASSEE, FL 32304 US

DO NOT WRITE IN THIS SPACE

01112007 No Chg-NP CR2E037 (4/06)

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

BOWDEN, GARVIN B
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308

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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

000000592042
01/19/07-80046-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABRAKATA, AKIMA
STREET ADDRESS	4244 W TENNESSEE ST BOX 178
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	V
NAME	STEPHENSON, ROBERT
STREET ADDRESS	4424 W TENNESSEE ST BOX 178
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	S
NAME	SCREEN, NAOMI
STREET ADDRESS	4244 W TENNESSEE ST BOX 178
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	T
NAME	MCCLUER, MARY M
STREET ADDRESS	4244 W TENNESSEE ST BOX 178
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 c 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; th of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name app changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Martha McCluer - Treasurer 1/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

MARY MARTHA MCCLUER