

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40495

FILED
Apr 28, 2009
Secretary of State

Entity Name: HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4244 W. TENNESSEE STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

4244 W. TENNESSEE STREET
SUITE 178
TALLAHASSEE, FL 32304 US

New Mailing Address:

FEI Number: 59-3313867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDEN, GARVIN B
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ABRAKATA, AKIMA
Address: 4244 W TENNESSEE ST BOX 178
City-St-Zip: TALLAHASSEE, FL 32304

Title: V () Delete
Name: STEPHENSON, ROBERT
Address: 4424 W TENNESSEE ST BOX 178
City-St-Zip: TALLAHASSEE, FL 32304

Title: S () Delete
Name: DAVIS, JANE
Address: 4244 W TENNESSEE ST BOX 178
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: OTTINGER, SHIRLEY
Address: 4244 W TENNESSEE ST BOX 178
City-St-Zip: TALLAHASSEE, FL 32304

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:

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: AKIMA ABRAKATA

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date