

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40495

FILED  
Jun 17, 2010  
Secretary of State

**Entity Name:** HIDDEN LAKES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4244 W. TENNESSEE STREET  
STE 178  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

4244 W. TENNESSEE STREET  
STE 178  
TALLAHASSEE, FL 32304

**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:**

SPELL, SUSANNE  
SPELL'S BOOKKEEPING AND TAX SERVICE  
1708 HARTSFIELD ROAD  
TALLAHASSEE, FL 32303 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  
Name: ABRAKATA, AKIMA  
Address: 4244 W TENNESSEE ST BOX 178  
City-St-Zip: TALLAHASSEE, FL 32304

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: AKIMA ABRAKATA

P

06/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date