

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90158 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50006**

1. Corporation Name

**HIDDEN LAKE ESTATES, INC. HOMEOWNERS' ASSOCIATION**

Principal Place of Business

1011 HIDDEN COURT  
LAKELAND FL 33809-6644

Mailing Address

1011 HIDDEN COURT  
LAKELAND FL 33809-6644



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/23/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	<input checked="" type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

**DEFEIS, NICHOLAS**  
1011 HIDDEN COURT  
LAKELAND FL 33809-6644

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFEIS, NICHOLAS	1.2 NAME	WEISS, ROBERT
STREET ADDRESS	1011 HIDDEN COURT	1.3 STREET ADDRESS	1071 HIDDEN DRIVE
CITY-ST-ZIP	LAKELAND FL 33809-6644	1.4 CITY-ST-ZIP	LAKELAND, FL. 33809-6644
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, MARK	2.2 NAME	SULDICKAS, JOHN
STREET ADDRESS	1005 HIDDEN COURT	2.3 STREET ADDRESS	963 HIDDEN DRIVE
CITY-ST-ZIP	LAKELAND FL 33809-6644	2.4 CITY-ST-ZIP	LAKELAND, FL. 33809-6644
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULDICKAS, SUSANNE	3.2 NAME	
STREET ADDRESS	963 HIDDEN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809-6644	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARSHAW, ARTHUR	4.2 NAME	
STREET ADDRESS	1023 HIDDEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809-6644	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGHTMAN, SUSAN	5.2 NAME	
STREET ADDRESS	1065 HIDDEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809-6644	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSTON, JAMES	6.2 NAME	
STREET ADDRESS	1059 HIDDEN DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809-6644	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Suldickas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 941-816-2131

Date

Daytime Phone #

CR2E037-(11/98)