


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N50006 1. Entity Name HIDDEN LAKE ESTATES, INC. HOMEOWNERS' ASSOCIATION	
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Principal Place of Business 1071 HIDDEN DRIVE LAKELAND, FL 33809-6644 US	Mailing Address 1071 HIDDEN DRIVE LAKELAND, FL 33809-6644 US
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04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WEISS, ROBERT J PRES 1071 HIDDEN DRIVE LAKELAND, FL 33809-6644
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when restate) 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**

000000106417
04/08/04-80014-021 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, ROBERT J 1071 HIDDEN DRIVE LAKELAND, FL 338096644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDT, JOHN 1041 HIDDEN DRIVE LAKELAND, FL 338096644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GALPEAU, LYNETTE 1002 HIDDEN COURT LAKELAND, FL 338096644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HARA, SHARON 1009 HIDDEN DRIVE LAKELAND, FL 338096644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, VICKY 1077 HIDDEN DRIVE LAKELAND, FL 338096644
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Lynette Galipeau* *Lynette Galipeau* 4/12/04 863-859-4272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR