2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N50006

Entity Name: HIDDEN LAKE ESTATES, INC. HOMEOWNERS' ASSOCIATION

Current Principal Place of Business:

1071 HIDDEN DRIVE
LAKELAND, FL 338096644 US

New Principal Place of Business:

Current Mailing Address:

1071 HIDDEN DRIVE
LAKELAND, FL 338096644 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEISS, ROBERT J PRES
1071 HIDDEN DRIVE
LAKELAND, FL 338096644 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: WEISS, ROBERT J
Address: 1071 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 338096644 US

Title: VP ( ) Delete
Name: FRIEDT, JOHN
Address: 1041 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 338096644 US

Title: ST ( ) Delete
Name: GALIPEAU, LYNETTE
Address: 1002 HIDDEN COURT
City-St-Zip: LAKELAND, FL 338096644 US

Title: D ( ) Delete
Name: O'HARA, SHARON
Address: 1009 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 338096644 US

Title: D ( ) Delete
Name: DAVIS, VICKY
Address: 1077 HIDDEN DRIVE
City-St-Zip: LAKELAND, FL 338096644 US

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNETTE GALIPEAU ST 06/30/2005
Electronic Signature of Signing Officer or Director — Date