

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000288

FILED
Apr 17, 2009
Secretary of State

Entity Name: HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O DAVENPORT
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467 US

Current Mailing Address:

C/O DAVENPORT
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467 US

New Principal Place of Business:

C/O DAVENPORT PROF PROP MGMT INC
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467 US

New Mailing Address:

C/O DAVENPORT PROF PROP MGMT INC
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467 US

FEI Number: 65-0436615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KATZMAN & GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

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: L KATZMAN ESQ

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KELLER, STACI
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DVP () Delete
Name: SUCHOFF, NANCY
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DS () Delete
Name: TRIASSI, ANTHONY
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

Title: DT () Delete
Name: BERKOWITZ, ALISSA
Address: 6620 LAKE WORTH RD, STE F
City-St-Zip: LAKE WORTH, FL 33467

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: STACI KELLER

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date