

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90035 005 \*\*\*\*61.25

**DOCUMENT # N96000005553**

1. Entity Name

HIDDEN LAKES LADIES' GOLF ASSOCIATION, INC.



Principal Place of Business

35 FAIRGREEN AVE.  
NEW SMYRNA BEACH FL 32168

Mailing Address

DOROTHEA MILLER  
7 ANDREA DR  
NEW SMYRNA BEACH FL 32168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3417960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

PETERSON, SID C JR.  
418 CANAL STREET  
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME KARWOSKI, PAT  
STREET ADDRESS 31 LAKE FAIRGREEN CIR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete  
NAME BROWN, JOAN  
STREET ADDRESS 213 OAK BRANCH DR  
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☒ Delete  
NAME LOWE, SANDRA  
STREET ADDRESS 3 LAKE FAIRGREEN CIR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☐ Delete  
NAME MILLER, DOROTHEA  
STREET ADDRESS 7 ANDREA DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Delete  
NAME CAPE, LELA  
STREET ADDRESS 9 ANDREA DR  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE ☒ Delete  
NAME MANCH, MARILYN  
STREET ADDRESS 29 FOTE DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **MATHEWS, DIANE**  
STREET ADDRESS **2421 GLENSIDE DR**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **WHITMAN GLORIA**  
STREET ADDRESS **841 FAIRWAY DR**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☒ Addition  
NAME **HANLEY, CLAIRE**  
STREET ADDRESS **32 FOTE DR**  
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dorothea Miller* Dorothea Miller, Jan 28 2006 386-422-6096