

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90061 022 ****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**

40001905



2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

**JEANETTE Elmore
41 Fore Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

Country

Zip

Country

32168

FLORIDA

01072007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3417960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete
NAME	KARWOSKI, PAT	
STREET ADDRESS	31 LAKE FAIRGREEN CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, JOAN	
STREET ADDRESS	213 OAK BRANCH DR	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHEWS, DIANE	
STREET ADDRESS	2421 GLENSIDE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, DOROTHEA	
STREET ADDRESS	7 ANDREA DR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITMAN, GLORIA	
STREET ADDRESS	841 FAIRWAY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANLEY, CLAIRE	
STREET ADDRESS	32 FORE DR	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOAN	
STREET ADDRESS	213 OAK BRANCH DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, DIANE	
STREET ADDRESS	8421 GLENSIDE DR	
CITY-ST-ZIP	NEW SMYRNA Bch, FL 32168	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goetze, ANNE	
STREET ADDRESS	405 CENTRAL MARINERS DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elmore, Jeanette	
STREET ADDRESS	41 Fore Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARWOSKI, PAT	
STREET ADDRESS	31 LAKE FAIRGREEN Circle	
CITY-ST-ZIP	NEW SMYRNA Bch, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jeanette Elmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 **386-689-5669**
Date Daytime Phone #