

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

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

JEANETTE ELMORE
41 FORE DRIVE
NEW SMYRNA BEACH, FL 32168 US



01062008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**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

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, 2008

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | BROWN, JOAN |
| STREET ADDRESS | 213 OAK BRANCH DRIVE |
| CITY-ST-ZIP | EDGEWATER, FL 32141 |
| TITLE | V |
| NAME | MATHEWS, DIANE |
| STREET ADDRESS | 2421 GLENSIDE DRIVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | S |
| NAME | GOETZE, ANNE |
| STREET ADDRESS | 405 CENTRAL MARINERS DRIVE |
| CITY-ST-ZIP | EDGEWATER, FL 32141 |
| TITLE | T |
| NAME | ELMORE, JEANETTE |
| STREET ADDRESS | 41 FORE DRIVE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | D |
| NAME | KARWOSKI, PAT |
| STREET ADDRESS | 31 LAKE FAIRGREEN CIRCLE |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | D |
| NAME | HANLEY, CLAIRE |
| STREET ADDRESS | 32 FORE DR |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |

U00000778566
01/09/08-80030-001 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-08

386-689-5669