


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000006415
 1. Entity Name
HIDDEN LAKE HOMEOWNERS ASSOCIATION OF HAVANA FL., INC.



Principal Place of Business 7765 HAVANA HWY. HAVANA, FL 32333	Mailing Address 7765 HAVANA HWY. HAVANA, FL 32333
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02072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3394538	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRELL, ROBERT C
 7765 HAVANA HWY.
 HAVANA, FL 32333

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HARRELL, ROBERT C 7765 HAVANA HWY. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRELL, SANDRA D 7765 HAVANA HWY. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRELL, CHRIS 7765 HAVANA HWY. HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/11/04-80032-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert C Harrell* **ROBERT C. HARRELL** 2/7/04 (850) 556-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #