


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90161 022 \*\*\*\*70.00

**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**

2. Principal Place of Business  
**CORRECT**  
 Suite, Apt. #, etc.

3. Mailing Address  
**CORRECT**  
 Suite, Apt. #, etc.

City & State

Zip Country **USA** Zip Country **USA**



03152005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3394538**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARRELL, ROBERT C  
 7765 HAVANA HWY.  
 HAVANA, FL 32333**

7. Name and Address of New Registered Agent  
 Name  
**CORRECT IN BLOCK 6**  
 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 **Robert C Harrell** (NOTE: Registered Agent signature required when reinstating) DATE **April 5, 2005**

Filing Fee is **\$61.25** Due by **May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HARRELL, ROBERT C 7765 HAVANA HWY. HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, SANDRA D 7765 HAVANA HWY. HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, CHRIS 7765 HAVANA HWY. HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **April 5, 2005** (850) 556-8400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #