

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000106778

Entity Name: HIDDEN LAKES DEVELOPMENT CO., INC.

FILED  
Feb 04, 2008  
Secretary of State

## Current Principal Place of Business:

4550 TILTON CT.  
FORT MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

4550 TILTON CT.  
FORT MYERS, FL 33907

## New Mailing Address:

FEI Number: 65-0882245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONLYN, ANDREW  
4550 TILTON CT.  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CONLYN, ANDREW  
Address: 4550 TILTON CT.  
City-St-Zip: FORT MYERS, FL 33907

Title: S ( ) Delete  
Name: LARREAU, SUE  
Address: 21509 GLORY RD.  
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete  
Name: HOTALING, DEAN  
Address: 2016 LINDA LN.  
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete  
Name: HITZEMAN, RUSSELL  
Address: 3619 BARBADOS DR.  
City-St-Zip: AUGUSTA, GA 30909

Title: VF ( ) Delete  
Name: TALBOTT, RALPH  
Address: 13 TURTLE BACK TRAIL  
City-St-Zip: PONTE VERDA BEACH, FL 33760

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL L HITZEMAN

VP

02/04/2008

Electronic Signature of Signing Officer or Director

Date