## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008661

Entity Name: HIDDEN LAKE OF MANATEE OWNERS ASSOCIATION, INC.

FILED
Apr 01, 2024
Secretary of State
5663750151CC

## **Current Principal Place of Business:**

C/O C AND S COMMUNITY MANAGEMENT 4301 32ND STREET W STE A-20 BRADENON, FL 34205

## **Current Mailing Address:**

C/O C&S COMMUNITY MANAGEMENT 4301 32ND STREET W STE A-20 BRADENON, FL 34205 US

FEI Number: 20-0362169 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

WELLS, KEVIN ESQ. LAW OFFICES OF WELLS & OLAH, P.A. 1800 SECOND STREET SUITE 808 SARASOTA, FL 34236 US

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: KEVIN WELLS 04/01/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name BRANDT, PAUL Name MAUST, THOMAS

Address C/O C AND S COMMUNITY Address C/O C AND S COMMUNITY

MANAGEMENT MANAGEMENT

4301 32ND STREET W STE A-20 4301 32ND STREET W STE A-20

City-State-Zip: BRADENON FL 34205 City-State-Zip: BRADENON FL 34205

TitleTREASURERTitleSECRETARYNameWARD, TOMNameTTEE, JILL

Address C/O C AND S COMMUNITY Address C/O C AND S COMMUNITY

MANAGEMENT MANAGEMENT

4301 32ND STREET W STE A-20

City-State-Zip: BRADENON FL 34205

City-State-Zip: BRADENON FL 34205

A301 32ND STREET W STE A-20

City-State-Zip: BRADENON FL 34205

Title DIRECTOR Title DIRECTOR

Name HANSEN, FRANK Name HARNER, DANIEL

Address C/O C AND S COMMUNITY Address C/O C AND S COMMUNITY

MANAGEMENT MANAGEMENT

4301 32ND STREET W STE A-20 4301 32ND STREET W STE A-20

City-State-Zip: BRADENON FL 34205 City-State-Zip: BRADENON FL 34205

SIGNATURE: PAUL BRANDT PRESIDENT 04/01/2024

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.