

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002449

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC3290498097**

**Entity Name:** THE VILLAGE AT HIDDEN LAKES PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2123 SW 20 PLACE  
SUITE B  
OCALA, FL 34471

**Current Mailing Address:**

2123 SW 20 PLACE  
SUITE B  
OCALA, FL 34471

**FEI Number: 20-0994896**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOSSHARDT PROPERTY MANAGEMENT, LLC.  
2123 SW 20 PLACE  
SUITE B  
OCALA, FL 34471 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           BICE-EWER, LINDA  
Address        2123 SW 20 PLACE  
                  SUITE B  
City-State-Zip: Ocala FL 34471

Title           VP  
Name           MORGAN, MICHAEL  
Address        2123 SW 20 PLACE  
                  SUITE B  
City-State-Zip: Ocala FL 34471

Title           TREASURER  
Name           STIPP, RONALD  
Address        2123 SW 20 PLACE  
                  SUITE B  
City-State-Zip: Ocala FL 34471

Title           SECRETARY  
Name           WILLSHER, ELIZABETH  
Address        2123 SW 20 PLACE  
                  SUITE B  
City-State-Zip: Ocala FL 34471

Title           DIRECTOR  
Name           RIZZI, LEONARD  
Address        2123 SW 20 PLACE  
                  SUITE B  
City-State-Zip: Ocala FL 34471

*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.*

**SIGNATURE: LINDA BICE-EWER**

**PRESIDENT**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date