

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000002449

**FILED**  
**Feb 21, 2022**  
**Secretary of State**  
**2639563006CC**

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

**Current Principal Place of Business:**

2437 SE 17TH STREET  
SUITE 201  
OCALA, FL 34471

**Current Mailing Address:**

2437 SE 17TH STREET  
SUITE 201  
OCALA, FL 34471 US

**FEI Number: 20-0994896**

**Certificate of Status Desired: No**

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

BOSSHARDT PROPERTY MANAGEMENT, LLC.  
2437 SE 17TH STREET  
SUITE 201  
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, DIRECTOR  
Name            BICE-EWER, LINDA  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            VP, DIRECTOR  
Name            MORGAN, MICHAEL  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            SECRETARY, DIRECTOR  
Name            STIPP, RONALD  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            TREASURER, DIRECTOR  
Name            STUART, RICHARD  
Address        2437 SE 17TH STREET  
                 SUITE 201  
City-State-Zip: Ocala FL 34471

Title            DIRECTOR  
Name            TCHEBANOFF, MIKE  
Address        2437 SE 17TH STREET  
                 SUITE 201  
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**

**02/21/2022**

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

\_\_\_\_\_  
Date