

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

DOCUMENT# N20358

**Entity Name:** HIDDEN GOLF CLUB HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

556 RACKET DR., NE  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

556 RACKET DR.  
WINTER HAVEN, FL 33881 US

**FEI Number:** 59-2796446

**Certificate of Status Desired:** No

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

DAMONTE, JONATHAN JAMES  
12110 SEMINOLE BLVD  
7800-113TH N  
LARGO, FL 33778 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            LAWSON, LOUISE  
Address        695 CENTURY LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title            VICE-PRESIDENT  
Name            POTH, RAY  
Address        706 CENTURY LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title            SECRETARY  
Name            WORTH, CHERYL  
Address        905 BUNKER CIRCLE  
City-State-Zip: WINTER HAVEN FL 33881

Title            TREASURER  
Name            HEDDEN, PAULA  
Address        526 CENTURY DRIVE  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            ROHRBACK, HAROLD  
Address        785 NINE IRON COURT  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            BOYD, RICK  
Address        676 CENTURY LANE  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIRECTOR  
Name            MORRIS, LIZ  
Address        576 CENTURY DRIVE  
City-State-Zip: WINTER HAVEN FL 33881

*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:** CHERYL WORTH

**SECRETARY**

**03/14/2022**

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

\_\_\_\_\_  
Date