### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9600002731

Entity Name: HIDDEN LAKES CLUB MASTER ASSOCIATION, INC.

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

810 B PINEBROOK RD VENICE, FL 34285

#### **Current Mailing Address:**

810 B PINEBROOK RD VENICE, FL 34285 US

### FEI Number: 65-0694952

## Name and Address of Current Registered Agent:

CAPRI PROPERTY MANAGEMENT, INC. 810 B PINEBROOK RD VENICE, FL 34285 US

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title           | PD                 | Title           | 2ND VP             |
|-----------------|--------------------|-----------------|--------------------|
| Name            | GEERDES, JAY       | Name            | LEARY, BONNIE      |
| Address         | 810 B PINEBROOK RD | Address         | 810 B PINEBROOK RD |
| City-State-Zip: | VENICE FL 34285    | City-State-Zip: | VENICE FL 34285    |
| Title           | SEC                | Title           | TD                 |
| Name            | MILLER, LEE        | Name            | LESTER, MILDRED    |
| Address         | 810 B PINEBROOK RD | Address         | 810 B PINEBROOK RD |
| City-State-Zip: | VENICE FL 34285    | City-State-Zip: | VENICE FL 34285    |
| Title           | VPD                |                 |                    |
| Name            | BAILEY, GARY       |                 |                    |
| Address         | 810 B PINEBROOK RD |                 |                    |
| City-State-Zip: | VENICE FL 34285    |                 |                    |

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: JAY GEERDES

PRES

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 25, 2015 Secretary of State CC0170334955