

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003349

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**4732328141CC**

**Entity Name:** HIDDEN LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741

**Current Mailing Address:**

101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741 US

**FEI Number: 59-3431330**

**Certificate of Status Desired: No**

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

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FLORIDA INC  
101 PARK PLACE BLVD  
SUITE 2  
KISSIMMEE, FL 34741 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: LESLIE LUDLAM**

**02/08/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RICHARDS, JAJA  
Address        101 PARK PLACE BLVD  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            VP  
Name            DIAZ, JOSE  
Address        101 PARK PLACE BLVD  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            SECRETARY, TREASURER  
Name            TORRES, MARICELA  
Address        101 PARK PLACE BLVD  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            TORIBIO, RAMON  
Address        101 PARK PLACE BLVD  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            RODRIGUEZ, RENE  
Address        101 PARK PLACE BLVD  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

*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: JAJA RICHARDS**

**PRESIDENT**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date