

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

1996 4-17-96

DIVISION OF CORPORATIONS

DOCUMENT # 736948

1. Corporation Name

HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

659 SPINNAKER COURT
WEST PALM BEACH FL 33414-4929

Mailing Address

C/O MARY PEAT
13756 SHEFFIELD ST.
WEST PALM BEACH FL 33414
US

3. Date Incorporated or Qualified
09/30/1976

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-1365698

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

PARRISH, BRUCE W.
105 S NARCISSA AVENUE
SUITE 201
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name John J. Howard
82 Street Address (P.O. Box Number is Not Acceptable)
2060 Amesbury Circle
83
84 City Wellington FL 85 Zip Code 33411

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

2/2/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | DOYLE, RICHARD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12798 SPINNAKER LANE | 1.2 NAME | |
| STREET ADDRESS | W PALM BCH FL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | PALMER, ROBERT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12776 SPINNAKER LANE | 2.2 NAME | |
| STREET ADDRESS | W PALM BCH FL | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | P D HOWARD, JOHN | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2063 AMESBURY CIRCLE | 3.2 NAME | |
| STREET ADDRESS | W PALM BEACH FL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D TETRAULT, TOM | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12791 SPINNAKER LANE | 4.2 NAME | |
| STREET ADDRESS | WELLINGTON FL | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D BRECHT, BRUCE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 12762 SPINNAKER LANE | 5.2 NAME | |
| STREET ADDRESS | W PALM BEACH FL | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | D RIGARDY, RANDALL | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 677 SPINNAKER COURT | 6.2 NAME | |
| STREET ADDRESS | W PALM BEACH FL | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/2/96

CR2E037 (12/95)