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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736948 (1)
1. Corporation Name
HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 12876 SPINNAKER LN WELLINGTON FL 33414 US	Mailing Address C/O MARY PEAT 13756 SHEFFIELD ST. WEST PALM BEACH FL 33414 US
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3. Date incorporated or Qualified 09/30/1976	
4. FEI Number 59-1365698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 % WELLINGTON MANAGEMENT	2a. Mailing Address 22 FAC SAME
Suite, Apt. #, etc. 22 12786-C FOREST HILL BLVD	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON, FL	City & State 28
Zip 24 33414	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**JOHN J HOWARD
2063 AMESBURY CIRCLE
SUITE 201
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name MICHAEL J. GELFAND, ESQ.	
82 Street Address (P.O. Box Number is Not Acceptable) 9 GELFAND & ARPE, P.A.	
83 260 S. AUSTRALIAN AVE, SUITE 1010	
84 City WEST PALM BEACH	85 Zip Code FL 33401

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]* DATE **3/10/98**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME RITZERT, ROBERT	
STREET ADDRESS 12876 SPINNAKER LN	
CITY-ST-ZIP WELLINGTON FL	
TITLE VPS	<input type="checkbox"/> DELETE
NAME PALMER, ROBERT	
STREET ADDRESS 12776 SPINNAKER LANE	
CITY-ST-ZIP W PALM BCH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BURNS, JULIE	
STREET ADDRESS 662 SPINNAKER CT	
CITY-ST-ZIP WELLINGTON FL	
TITLE T	<input checked="" type="checkbox"/> DELETE
NAME TETRAULT, TOM	
STREET ADDRESS 12791 SPINNAKER LANE	
CITY-ST-ZIP WELLINGTON FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BRECHT, BRUCE	
STREET ADDRESS 12762 SPINNAKER LANE	
CITY-ST-ZIP W PALM BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D/T BOLLARD, ROBERT
4.3 STREET ADDRESS	1726 THE TWELFTH FARWAY
4.4 CITY-ST-ZIP	WELLINGTON, FL 33414
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/IS MARTY YOUNG
5.3 STREET ADDRESS	12781 SPINNAKER LANE
5.4 CITY-ST-ZIP	WELLINGTON, FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

CR2E037 (10/97)