

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90069 009 ****61.25

DOCUMENT # 736948

1. Entity Name

HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O WELLINGTON MANAGEMENT, INC.
 12785-C FOREST HILL BLVD
 WELLINGTON FL 33414
 US

C/O WELLINGTON MANAGEMENT, INC.
 12785-C FOREST HILL BLVD
 WELLINGTON FL 33414-4777
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1365698

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELFAND, MICHAEL J. E
C/O GELFAND & ARPE, PA
250 S. AUSTRALIAN AVE, SUITE 1010
WEST PALM BEACH FL 33401

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEF IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **RITZERT, ROBERT**
 STREET ADDRESS **12876 SPINNAKER LN**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **VPD** Change Addition
 NAME **Zell, James**
 STREET ADDRESS **12734 Spinnaker Ln.**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE **T** Delete
 NAME **ROSS, SUSAN**
 STREET ADDRESS **12790 SPINNAKER LN**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **STD** Change Addition
 NAME **Burns, Julie**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BURNS, JULIE**
 STREET ADDRESS **662 SPINNAKER CT**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **D** Change Addition
 NAME **Ross, Susan**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **YOUNG, MARTY**
 STREET ADDRESS **12781 SPINNAKER LANE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **D** Change Addition
 NAME **Palumbo, Joetta**
 STREET ADDRESS **12798 Spinnaker Ln.**
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF JULIE BURNS

1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #