
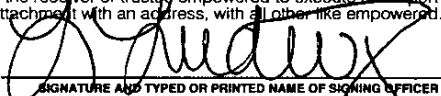


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 012 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # 736948</b>  |   |  |  |                |  |
| 1. Entity Name<br><b>HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br>3461-B FAIRLANE FARMS RD.<br>WELLINGTON, FL 33414 US   |   |  | Mailing Address<br>3461-B FAIRLANE FARMS RD.<br>WELLINGTON, FL 33414 US        |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country                                       | Zip  | Country  | 4. FEI Number<br><b>59-1365698</b>  |  |
|   |   |  |  | Applied For<br>Not Applicable   |  |
|   |   |  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                                    |   |  |
| NEWSOME, JOHN<br>3461-B FAIRLANE FARMS RD.<br>WELLINGTON, FL 33414  |   |  | Name   |   |  |
|   |   |  | Street Address (P.O. Box Number is Not Acceptable)                             |   |  |
|   |   |  | City   |   |  |
|   |   |  | <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |   |  |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by September 7, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
|   |   |  |  | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |   |  |
| TITLE   | P <input checked="" type="checkbox"/> Delete  | TITLE  | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | O'CONNOR, DANIEL                              | NAME   | BUEOS, JULIE   |   |  |
| STREET ADDRESS  | 12842 SPINNAKER LANE                          | STREET ADDRESS   | 662 SPINNAKER COURT  |   |  |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          | CITY-ST-ZIP  | WELLINGTON, FL 33414   |   |  |
| TITLE   | VP <input checked="" type="checkbox"/> Delete | TITLE  | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| NAME  | PHILLIPSON, KEVIN                             | NAME   | PHILLIPSON, KEVIN  |   |  |
| STREET ADDRESS  | 12740 SPINNAKER LANE                          | STREET ADDRESS   | 12740 SPINNAKER LANE   |   |  |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          | CITY-ST-ZIP  | WELLINGTON, FL 33414   |   |  |
| TITLE   | S <input checked="" type="checkbox"/> Delete  | TITLE  | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |  |
| NAME  | ALLRET, TARA                                  | NAME   | LONDONO-LUDWIG, LAURA  |   |  |
| STREET ADDRESS  | 12837 SPINNAKER LANE                          | STREET ADDRESS   | 12720 SPINNAKER LANE   |   |  |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          | CITY-ST-ZIP  | WELLINGTON, FL 33414   |   |  |
| TITLE   | T <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME  | SEAGRAVE, JANET                               | NAME   | RODRIGUEZ, GRACE   |   |  |
| STREET ADDRESS  | 658 SPINNAKER CT                              | STREET ADDRESS   | 12775 SPINNAKER LANE   |   |  |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          | CITY-ST-ZIP  | WELLINGTON, FL 33414   |   |  |
| TITLE   | D <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| NAME  | BAYABI, DANNY                                 | NAME   | LUTOMSKI, BERT   |   |  |
| STREET ADDRESS  | 12841 SPINNAKER LANE                          | STREET ADDRESS   | 12745 SPINNAKER LANE   |   |  |
| CITY-ST-ZIP   | WELLINGTON, FL 33414                          | CITY-ST-ZIP  | WELLINGTON, FL 33414   |   |  |
| TITLE   | <input type="checkbox"/> Delete               | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |   |  |
| NAME  |   | NAME   |  |   |  |
| STREET ADDRESS  |   | STREET ADDRESS   |  |   |  |
| CITY-ST-ZIP   |   | 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:   |   |  | 6/6/05   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date   |   |  |