

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-21-2002 90099 005 ****61.25

DOCUMENT # 746812
 1. Entity Name
HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12785 C FOREST HILL BLVD WELLINGTON FL 33414 US	Mailing Address 12785 C FOREST HILL BLVD WELLINGTON FL 33414 US
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- 18780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1936160	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
NEWSOME, JOHN
12785 W FOREST HILL BLVD
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHESNEY, AUDREY H	
STREET ADDRESS	281 WOOD DALE DR	
CITY-ST-ZIP	WELLINGTON FL 33414-4718	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEINER, MURRY	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, ARLENE	
STREET ADDRESS	287 WOOD DALE DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPAHL, PETER	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALTOR, JOAN	
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEATING, EDWARD	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOAN R. WALTOR** **REQUIRED** *Joan R. Waltor* 2-7-02 561.793.8819
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (9/01)