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Apr 10, 2007 8:00 am
Secretary of State
03-29-2007 90020 008 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 746812

1. Entity Name
HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

66008705

Principal Place of Business	Mailing Address
3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US	3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US

03262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip _ _ Country	Zip Country

4. FEI Number 59-1936160 ☐ Applied For ☐ Not Applicable

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
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AGEE, LILIANE 334 WOODDALE DRIVE WELLINGTON, FL 33414	☒ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	Maureen Koss 276 Pleasant Wood Dr Wellington, FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRITTS, JIM 316 WOOD DALE DR. WELLINGTON, FL 33414	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	Dennis Backherms 215 Pleasant Wood Dr Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TECHERA, JORGE 322 WOOD DALE WELLINGTON, FL 33414	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Patricia Hetzel 220 Pleasant Wood Dr Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOSS, MAUREEN 276 PLEASANT WOOD DRIVE WELLINGTON, FL 33414	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	Taffy Strauch 315 Pine Shadow Way Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TASCA, SHARON 212 WOODDALE DRIVE WELLINGTON, FL 33414	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	James Grimm 370 Wood Dale Dr Wellington, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Dennis McMahon 375 Wood Dale Dr Wellington, FL 33414	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Maureen Koss 3/26/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #