

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N97000004234 (7)

1. Corporation Name

HIDDEN HOLLOW OF PALM BEACH HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5610 PGA BLVD. SUITE 114 PALM BEACH GARDENS FL 33418	Mailing Address 5610 PGA BLVD. SUITE 114 PALM BEACH GARDENS FL 33418
--	--

3. Date Incorporated or Qualified 07/25/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable

2. Principal Place of Business 21 5000 North Lake Boulevard Suite, Apt. #, etc.	2a. Mailing Address 26 5000 North Lake Boulevard Suite, Apt. #, etc.
22 City & State 23 Palm Beach Gardens, FL	27 City & State 28 Palm Beach Gardens, FL
24 Zip 33418	25 Country USA
29 Zip 33418	30 Country USA

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

9. Name and Address of Current Registered Agent

**MATHISON, STEPHEN S
5606 PGA BLVD, SUITE 211
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name PAULO C. MIRANDA
82 Street Address (P.O. Box Number is Not Acceptable) GREENBERG TRAUER et al.
83 1221 BRICKELL AVENUE
84 City MIAMI
85 State FL
86 Zip Code 33131

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: **March 31, 1998**

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

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SABATELLO, CARL M	
STREET ADDRESS 5610 PGA BLVD, SUITE 114	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME SABATELLO, MICHAEL J JR	
STREET ADDRESS 5610 PGA BLVD, SUITE 114	
CITY-ST-ZIP PALM BEACH GARDENS FL 33418	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DAVID SPILBERG	
1.3 STREET ADDRESS 5000 NORTH LAKE BOULEVARD	
1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
2.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME ZINA SPILBERG	
2.3 STREET ADDRESS 5000 NORTH LAKE BOULEVARD	
2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME DANIA SCHVARTZ	
3.3 STREET ADDRESS 5000 NORTH LAKE BOULEVARD	
3.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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]* DATE: **March 31, 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)