FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N97000004234

Principal Place of Business	
5000 NORTH LAKE BLVD	
PALM BEACH GARDENS FL 33	41

FILED Mar 11, 1999 8:00 am § Secretary of State 03-11-1999 90142 011 ****61.25

1. Corporation									
HIDDEN HOLLOW OF PALM BEACH HOMEOWNERS' ASSOCIATION, INC.					⁻ 219475 - 90142 - 11				
Principal Place	e of Business	Mailing Address	<u>.</u> ,		-	-			
5000 NORTH LAKE BLVD PALM BEACH GARDENS FL 33418 US 5000 NORTH LAKE BLVD PALM BEACH GARDENS FL 33418 US									
Principal Place of Business 2a. Mailing Address 26						3. Date Incorporated or Qualifed 07/25/1997			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Number APPLIED FOR		Applicable	
City & Stat	e	City & State				5. Certifcate of Status Desired	\$8.75 A Fee Re	I	
Zip	28 ip Country Zip Country 29 30			t t		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
*1	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	Agent		
		<u> </u>		81	Name			1	
	MIRANDA, PAULA C			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
	IRG TRAURIG ET. AL.		ļ	83					
	CKELL AVENUE			-			85 Zip C	`ada	
MIAMI FL	33131		1	84	City	Fi	85 Zip C	,oue	
office or r	to the provisions of Sections 617 covered agent, or both, in the State im familiar with, and accept the obligations of the state of the	ations of, Section 617.0503, F	autnonzeo Iorida Statu	ites.	tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint of the purpose of the appoint of the purpose of the	intment as reg	gistered	
12.		ND DIRECTORS	13.		agnoto v raquir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TIT	LE			Change	Addition	
NAME	SPILBERG, DAVID		1.2 NA	ME				1	
STREET ADDRESS	THE RESERVE AND THE PARTY OF TH		1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	1.4 CF	TY-ST	-ZiP				
TITLE	STD	☐ DELETÉ	2.1 TIT				Change	☐ Addition	
NAME	SPILBERG, ZINA		2.2 NA	ME		:		1	
STREET ADDRESS	5000 NORTH LAKE BLVD		2.3 ST	REET	ADDRESS	· ·		}	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	3418	2. 4 CI	TY-\$1	T-2IP		· Projection (
TITLE	D	☐ DELETE	3.1 Til	LE			Change	☐ Addition	
NAME	SCHVARTZ, DANIA		3.2 NA	ME				1	
STREET ADDRESS	5000 NORTH LAKE BLVD		3.3 ST	REET	ADDRESS		;	1	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	3418	3.4. CI		T-ZIP		<u> </u>	- Addition	
TITLE		☐ DELETE	4.1 7(1	TLE.			Change	☐ Addition	
NAME			4, 2 N						
STREET ADDRESS			I		ADDRESS			į	
CITY-ST-ZIP		D DELETE	4.4 CI		r-ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TIT 5.2 NA				∵ Ammide		
NAME					ADORESS				
STREET ADDRESS			5.4 CI						
CITY-ST-ZIP	 	☐ DELETE	6.1 TII		-21		[] Change	Addition	
TITLE			6.2 NA			•			
NAME					ADDRESS			-	
STREET ADORESS	•		0.4.00	D/ 07					

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 supplier ental 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 composition or life 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 charbad, or or part attachment with an address with all other like empowered.

SIGNATURE: