


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90285 011 \*\*\*\*61.25

<b>DOCUMENT # N97000004234</b>			
1. Entity Name HIDDEN HOLLOW OF PALM BEACH HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 5000 NORTH LAKE BLVD PALM BEACH GARDENS FL 33418 US		Mailing Address <del>4239 NORTH LAKE BLVD</del> <del>STE D</del> <del>PALM BEACH GARDENS FL 33410</del> US	
2. Principal Place of Business		3. Mailing Address <i>122 Hidden Hollow Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Palm Bch Gardens FL</i>	
Zip	Country	Zip <i>33418</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent <del>COMPLETE PROPERTY MGMT SVCS</del> <del>4239 NORTHLAKE BLVD STE D</del> <del>PALM BEACH GARDENS FL 33410</del>		7. Name and Address of New Registered Agent Name <i>Scott DeVore</i> Street Address (P.O. Box Number is Not Acceptable) <i>122 Hidden Hollow Dr.</i> City <i>Palm Bch Gardens FL</i> Zip Code <i>33418</i>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DD D/S</i> DEVORE, SCOTT 122 HIDDEN HOLLOW DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i> TERRY WEBSTER 122 Hidden Hollow Dr. Palm Bch Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SP VP/D</i> MAIONE, STEVE 126 HIDDEN HOLLOW DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> MOOR, MARTHA 132 HIDDEN HOLLOW DR PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> CHRISTLE, AUDREY 144 HIDDEN HOLLOW DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D/P</i> CASTRONUOVO, JOHN 130 HIDDEN HOLLOW DR PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0850389** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*467106 861-630-2991*