

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 013 ****61.25

DOCUMENT # N97000004234

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
**122 HIDDEN HOLLOW DR
 PALM BEACH GARDENS, FL 33418 US**

40072500



2. Principal Place of Business - No P.O. Box #
2328 S. CONGRESS AVENUE

3. Mailing Address
2328 S. CONGRESS AVENUE

Suite, Apt. #, etc.
SUITE 2A

02222007 Chg-NP CR2E037 (12/06)

City & State
WEST PALM BEACH, FL

4. FEI Number
65-0850389

Applied For
 Not Applicable

Zip Country
33406 USA

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

6. Name and Address of Current Registered Agent

**DEVORE, SCOTT
 122 HIDDEN HOLLOW DR
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent

Name **CUSTOM PROPERTY MANAGEMENT, INC.**

Street Address (P.O. Box Number is Not Acceptable)
2328 S. CONGRESS AVE., SUITE 2A

City **WEST PALM BEACH FL** Zip **33406**

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 *Jennifer Rogers* **Jennifer Rogers V.P. of Admin Serv. 3/7/07**

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	DS	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEVORE, SCOTT			NAME	PARSONS, ERIC		
STREET ADDRESS	122 HIDDEN HOLLOW DR			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAIONE, STEVE			NAME	MAIONE, STEVEN		
STREET ADDRESS	126 HIDDEN HOLLOW DR			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHRISTLE, AUDREY			NAME	FORGATCH, MICHAEL		
STREET ADDRESS	144 HIDDEN HOLLOW DR			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CASTRONUOVO, JOHN			NAME	FIELD III, TYLER		
STREET ADDRESS	130 HIDDEN HOLLOW DR			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBSTER, TERRY			NAME	WEBSTER, CONSTANCE		
STREET ADDRESS	112 HIDDEN HOLLOW DR			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 title empowered.

SIGNATURE: *Steve Maione* **STEVE MAIONE 4/19/2007 561-439-1433**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #