

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:12

DOCUMENT # 746812 (7)

1. Corporation Name

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

271 PLEASANT WOOD DRIVE
WELLINGTON FL 33414

Mailing Address

271 PLEASANT WOOD DRIVE
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1979

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1936160

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPILLANE, J.P.
12788 W FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	SMITH, JEFFREY
STREET ADDRESS	220 PLEASANT WOOD DR
CITY-ST-ZIP	WPBEACH, FL 33414
TITLE	D
NAME	DIAMOND, RICHARD
STREET ADDRESS	375 WOOD DALE DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	PD
NAME	MUNDT, RAMON
STREET ADDRESS	249 PLEASANT WOOD DR
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	D
NAME	RICHTER, GREGORY
STREET ADDRESS	381 WOOD DALE DR.
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	DST
NAME	DAN, MARSHALL
STREET ADDRESS	310 WOOD DALE DRIVE
CITY-ST-ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	STD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33414	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Chesney, Audrey	
3.3 STREET ADDRESS	281 Wood Dale Drive	
3.4 CITY-ST-ZIP	W. Palm Beach, FL 33414	
4.1 TITLE		☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	33414	
5.1 TITLE	VD	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	O'Donoghue, Dana	
6.3 STREET ADDRESS	183 Pleasant Wood Dr.	
6.4 CITY-ST-ZIP	W. Palm Beach, FL 33414	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: (X) [Signature] (X) MARSHALL DAN (X) 3/14/95 (X) 790-1488