FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

[illegible] -1 AM 8:46

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 736948 (1)

1. Corporation Name

HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
659 SPINNAKER COURT WEST PALM BEACH FL 33414-4929	659 SPINNAKER COURT WEST PALM BEACH FL 33414-4929

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1365698 — 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	2a. Mailing Address
21	26 c/o MARY PEAT
22 Suite, Apt. # etc.	27 Suite, Apt. # etc. 13756 Sheffield St
23 City & State	28 City & State WEST PALM BEACH, FL
24 Zip / 25 Country	29 Zip 33414 / 30 Country

9. Name and Address of Current Registered Agent

PARRISH, BRUCE W.
105 S NARCISSA AVENUE
SUITE 201
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	VP ☒ Change ☐ Addition
NAME	DOYLE, RICHARD	NAME	DOYLE, RICHARD
STREET ADDRESS	12798 SPINNAKER LANE	STREET ADDRESS	12798 SPINNAKER LANE
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	W PALM BEACH FL
TITLE	T	TITLE	T ☒ Change ☐ Addition
NAME	PEAT, MARY	NAME	ROBERT PALMER
STREET ADDRESS	659 SPINNAKER COURT	STREET ADDRESS	12776 SPINNAKER LANE
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	W PALM BEACH FL
TITLE	VD	TITLE	P ☒ Change ☐ Addition
NAME	PEAT, DAVID	NAME	JOHN HOWARD
STREET ADDRESS	659 SPINNAKER COURT	STREET ADDRESS	2063 AMESBURY CIRCLE
CITY-ST-ZIP	W PALM BEACH FL	CITY-ST-ZIP	W PALM BEACH FL
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	HUCKABEY, GEORGE	NAME	TOM TETRAULT
STREET ADDRESS	12876 SPINNAKER LANE	STREET ADDRESS	12791 SPINNAKER LANE
CITY-ST-ZIP	WELLINGTON FL	CITY-ST-ZIP	W PALM BEACH FL
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	YOUNG, MARTHA	NAME	BRUCE BRECHT
STREET ADDRESS	12781 SPINNAKER LANE	STREET ADDRESS	13762 SPINNAKER LANE
CITY-ST-ZIP	W PALM BEACH FL	CITY-ST-ZIP	W PALM BEACH FL
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	RICARDY, RANDALL	NAME	
STREET ADDRESS	677 SPINNAKER COURT	STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	CITY-ST-ZIP	

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)(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: Robert S. Palmer ROBERT S PALMER 4/20/95

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

0046543

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737031 (5)

1. Corporation Name

WEST WINDS OF HOLMES BEACH CONDOMINIUM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
6810 GULF DRIVE HOLMES BEACH FL 34217-1343	6810 GULF DRIVE HOLMES BEACH FL 34217-1343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1976
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1728990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 6820 Gulf Drive
Suite, Apt # etc	Suite, Apt # etc Holmes Beach, Fl 34217-1343
22	27
City & State	City & State
23	28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WENCKUS, JOSEPH C. 6834 GULF DRIVE HOLMES BEACH FL 34217	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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	☒ Change ☐ Addition
NAME	AVERKAMP, KAY	1.2 NAME	OMIT
STREET ADDRESS	6804 GULF DR.	1.3 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH FL	1.4 CITY ST ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	WENCKUS, JOSEPH	2.2 NAME	
STREET ADDRESS	6834 GULF DRIVE	2.3 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH FL	2.4 CITY ST ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, CAROLYN	3.2 NAME	
STREET ADDRESS	6810 GULF DR	3.3 STREET ADDRESS	
CITY ST ZIP	HOLMES BCH FL	3.4 CITY ST ZIP	
TITLE	STD	4.1 TITLE	☒ Change ☐ Addition
NAME	BERGSTROM, NELL	4.2 NAME	OMIT
STREET ADDRESS	6832 GULF DR	4.3 STREET ADDRESS	
CITY ST ZIP	HOLMES BEACH FL	4.4 CITY ST ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	BILLINGS, TED	5.2 NAME	
STREET ADDRESS	6820 GULF DRIVE	5.3 STREET ADDRESS	
CITY ST ZIP	HOLMES BCH FL	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Carolyn Price — Carolyn Price, STD — 4-10-95 — 813-778-2867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062702