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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 3:14

DOCUMENT # 767550 (7)

1. Corporation Name

HIDDEN LAKE AT KENDALL HOMEOWNERS ASSOCIATION IN C.

Principal Place of Business	Mailing Address
8200 S.W. 96 COURT MIAMI FL 33173	8200 S.W. 96 COURT MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1983
3a. Date of Last Report: 07/08/1994
4. FEI Number: 65-0240746 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8300 S.W. 96 Court	26 8300 S.W. 96 Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33173 / 25	Zip / Country 29 33173 / 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
SUEIRAS, ALBERT 8200 S.W. 96 COURT MIAMI FL 33173	81 Name: Steven Kaplan 82 Street Address (P.O. Box Number is Not Acceptable): 8300 S.W. 96 Court 83 84 City: Miami FL 85 Zip Code: 33173

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: Steven B Kapla — Steven Kaplan — 5/8/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	President - Director	☐ Change ☐ Addition
NAME	KAPLAN, STEVE	12 NAME	Steven Kaplan	
STREET ADDRESS	8300 SW 96TH COURT	13 STREET ADDRESS	8300 S.W. 96 Court Miami, FL 33173	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	Vice President - Director	☒ Change ☐ Addition
NAME	SUEIRAS, ALBERT	22 NAME	Griselle Alexander	
STREET ADDRESS	8200 S.W. 96 COURT	23 STREET ADDRESS	8201 S.W. 96 Court	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, FL 33173	
TITLE	T	31 TITLE	Treasurer - Director	☒ Change ☐ Addition
NAME	MARTINEZ, JULIO	32 NAME	Silvia Iparraguirre	
STREET ADDRESS	8201 SW 96TH CT.	33 STREET ADDRESS	8221 S.W. 96 Place	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami, FL 33173	
TITLE	S	41 TITLE	Treasurer	☐ Change ☒ Addition
NAME	FERNANDEZ, EUSEBID	42 NAME	Clara Fernandez	
STREET ADDRESS	8201 SW 96TH PLACE	43 STREET ADDRESS	8231 S.W. 96 Place	
CITY-ST ZIP	MIAMI FL	44 CITY-ST-ZIP	Miami, FL 33173	
TITLE		51 TITLE	Secretary	☒ Change ☐ Addition
NAME		52 NAME	Alicia Jimenez	
STREET ADDRESS		53 STREET ADDRESS	8201 S.W. 96 Place	
CITY-ST ZIP		54 CITY-ST ZIP	Miami, FL 33173	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: Steven B Kapla — Steven Kaplan — 5/8/95 — (305) 595-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0044345