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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742388** (2)

1. Corporation Name

**THE HIDDEN LAKES PROPERTY OWNERS' ASSOCIATION, I
NC.**



Principal Place of Business 7491-G5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US	Mailing Address 7491-G5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 04/21/1978	
4. FEI Number 59-2377977	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent JAKABCIN KATHRYN M 7160 NW 4TH AVE BOCA RATON FL 33487
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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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	BETHMANN, NICHOLAS G
STREET ADDRESS	7200 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	REINBERSGS, JOHN
STREET ADDRESS	471 NW 72ND ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	TYBARCZY, ROBERT S
STREET ADDRESS	7085 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	HOLLYBURTON, KIM
STREET ADDRESS	445 NW 69TH ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRIGGS, ROBERT
STREET ADDRESS	403 NW 72ND ST
CITY-ST-ZIP	BOCA RATON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WHILELY, ISABELLE
STREET ADDRESS	500 NW 69TH ST
CITY-ST-ZIP	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CALLIHAN, ROBERT E.
1.3 STREET ADDRESS	7095 NW 5TH AVE
1.4 CITY-ST-ZIP	BOCA RATON FL 33487
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CRESTANI, RICHARD A.
2.3 STREET ADDRESS	7140 NW 5TH AVE
2.4 CITY-ST-ZIP	BOCA RATON FL 33487
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	POLLACK, LINDA
3.3 STREET ADDRESS	7000 NW 5TH AVE
3.4 CITY-ST-ZIP	BOCA RATON FL 33487
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NAPOLITANO, LOUISE
4.3 STREET ADDRESS	7120 NW 4TH AVE
4.4 CITY-ST-ZIP	BOCA RATON FL 33487
5.1 TITLE	DV <input checked="" type="checkbox"/> Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	BOCA RATON FL 33487
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MONTERO, FRANK
6.3 STREET ADDRESS	7055 NW 5TH AVE
6.4 CITY-ST-ZIP	BOCA RATON FL 33487

14. I hereby certify that the information supplied with this filing 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: **P. D. E. CALLIHAN** FEB 24 1998 904-4664 (561)

CRE037 (10/97)