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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **736948** **(1)**

1. Corporation Name
HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12676 SPINNAKER LN WELLINGTON FL 33414 US	C/O MARY PEAT 13756 SHEFFEILD ST. WEST PALM BEACH FL 33414 US

3. Date Incorporated or Qualified: 09/30/1976

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 % WELLINGTON MANAGEMENT	26 INC SAME
Suite, Apt. #, etc. 22 12785-C FOREST HILL BLVD	Suite, Apt. #, etc. 27
City & State 23 WELLINGTON, FL	City & State 28
Zip 24 33414 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

JOHN J HOWARD
2063 AMESBURY CIRCLE
SUITE 201
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: MICHAEL J. GELFAND, ESQ.
82 Street Address (P.O. Box Number Is Not Acceptable): % GELFAND & ARPE, P.A.
83: 260 S. AUSTRALIAN AVE, SUITE 1010
84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 _____ 3/10/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RITZERT, ROBERT 12676 SPINNAKER LN WELLINGTON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS PALMER, ROBERT 12776 SPINNAKER LANE W PALM BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, JULIE 662 SPINNAKER CT WELLINGTON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TETRAULT, TOM 12791 SPINNAKER LANE WELLINGTON FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D/T BOLLARD, ROBERT 1726 THE TWELFTH FAIRWAY WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRECHT, BRUCE 12762 SPINNAKER LANE W PALM BEACH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D/S MARTY YOUNG 12781 SPINNAKER LANE WELLINGTON, FL 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: _____ 3/10/98