

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736948** (1)
1. Corporation Name
HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.

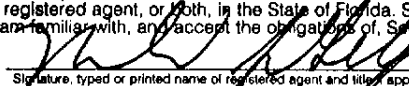
Principal Place of Business 12876 SPINNAKER LN WELLINGTON FL 33414 US	Mailing Address C/O MARY PEAT 13756 SHEFFIELD ST. WEST PALM BEACH FL 33414 US
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2. Principal Place of Business 21 90 WELLINGTON MANAGEMENT Suite, Apt. #, etc. 22 12786-C FOREST HILL BLVD City & State 23 WELLINGTON, FL Zip 24 33414	2a. Mailing Address 25 SAFARI Suite, Apt. #, etc. 26 SAFARI City & State 27 WELLINGTON, FL Zip 28 33414 Country 29 USA
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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		

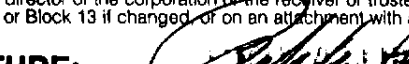
9. Name and Address of Current Registered Agent JOHN J HOWARD 2063 AMESBURY CIRCLE SUITE 201 WELLINGTON FL 33414	10. Name and Address of New Registered Agent 81 Name MICHAEL J. GELFAND, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 9 GELFAND & ARPE, P.A. 83 260 S. AUSTRALIAN AVE, SUITE 1010 84 City WEST PALM BEACH 85 Zip Code FL 33401
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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 **3/10/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITZERT, ROBERT 12876 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 682 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/DIS 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

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  DATE **3/10/98**

CP2E037 (10/97)