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May 01 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 # N29500 (8)
1. Corporation Name
HIDDEN LAKE AT TURTLE RUN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 543 NW 77TH ST STE 200 BOCA RATON FL 33487 US	Mailing Address 543 NW 77TH ST 200 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 12/01/1988
4. FEI Number 65-0118145
Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SCARBOROUGH, SHERI A.
543 NW 77TH ST, STE 200
BOCA RATON FL 33487**

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 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	TD	<input checked="" type="checkbox"/> DELETE
NAME	CHATFIELD, DAVID	
STREET ADDRESS	4301 NW 62 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNUTSEN, CRAIG	
STREET ADDRESS	4323 NW 6ND AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DREW, FRED	
STREET ADDRESS	4370 NW 62 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DILAURA, BARB	
STREET ADDRESS	6217 NW 42 COURT	
CITY-ST-ZIP	CORAL SPGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHOWALTER, DIANE	
STREET ADDRESS	4350 NW 63RD AVE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUNGO, ANDREW	
1.3 STREET ADDRESS	4301 NW 62ND AVE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHOFFIELD, LINNA	
2.3 STREET ADDRESS	4302 N.W. 43RD ST.	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
3.1 TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GOLDSTEIN, ROBERT	
5.3 STREET ADDRESS	4351 NW 63RD AVE	
5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **4/23/98 (954) 765-1900**

CR2E037 (10/97)