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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90011 023 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 736948**

1. Corporation Name

**HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

C/O WELLINGTON MANAGEMENT, INC.  
12785-C FOREST HILL BLVD  
WELLINGTON FL 33414  
US

Mailing Address

C/O WELLINGTON MANAGEMENT, INC.  
12785-C FOREST HILL BLVD  
WELLINGTON FL 33414  
US



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

**09/30/1976**

Suite, Apt., etc.

22

Suite, Apt., etc.

27

4. FEI Number

**59-1365698**

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip Country

24

25

Zip Country

29

30

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**GELFAND, MICHAEL J. E**  
**C/O GELFAND & ARPE, PA**  
**250 S. AUSTRALIAN AVE, SUITE 1010**  
**WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **RITZERT, ROBERT**  
STREET ADDRESS **12876 SPINNAKER LN**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE **VP** ☒ DELETE  
NAME **PALMER, ROBERT**  
STREET ADDRESS **12776 SPINNAKER LANE**  
CITY-ST-ZIP **W PALM BCH FL**

TITLE **D** ☐ DELETE  
NAME **BURNS, JULIE**  
STREET ADDRESS **662 SPINNAKER CT**  
CITY-ST-ZIP **WELLINGTON FL**

TITLE **DT** ☒ DELETE  
NAME **BOLLARD, ROBERT**  
STREET ADDRESS **1726 THE TWELFTH FAIRWAY**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **DS** ☒ DELETE  
NAME **YOUNG, MARTY**  
STREET ADDRESS **12781 SPINNAKER LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **Treasurer**  
1.3 STREET ADDRESS **Susan Ross**  
1.4 CITY-ST-ZIP **12790 Spinnaker Lane**  
**Wellington, FL 33414**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)