

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90018 050 ****61.25

DOCUMENT # 746812

1. Entity Name

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

12765 W FOREST BLVD
#1302
WELLINGTON FL 33414
US

Mailing Address

12765 W FOREST HILL BLVD
#1302
WELLINGTON FL 33414
US

2. Principal Place of Business

12785-C Forest Hill Blvd.
Suite, Apt. #, etc.

3. Mailing Address

12785-C Forest Hill Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

59-1936160

Applied For

Not Applicable

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, MICHAEL
12765 W FOREST HILL BLVD
STE 1302
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name John Newsome
Street Address (P.O. Box Number is Not Acceptable)
12785-C Forest Hill Blvd.
City Wellington FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE John Newsome

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME CHESNEY, AUDREY H
STREET ADDRESS 281 WOOD DALE DR
CITY-ST-ZIP WELLINGTON FL 33414-4718 ☐ Delete

TITLE D
NAME STEINER, MURRY
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE AS
NAME NELSON, MICHAEL
STREET ADDRESS 12765 W FOREST HILL BLVD #1302
CITY-ST-ZIP WELLINGTON FL ☒ Delete

TITLE D
NAME SPAHL, PETER
STREET ADDRESS 12765 W FOREST HILL BLVD #1302
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE D
NAME WALTOR, JOAN
STREET ADDRESS 12765 W. FOREST HILL BLVD. #1302
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

TITLE D
NAME KEATING, EDWARD
STREET ADDRESS 12765 W FOREST HILL BLVD #1302
CITY-ST-ZIP WELLINGTON FL 33414 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CHESNEY, AUDREY ☒ Change ☐ Addition
STREET ADDRESS 281 WOOD DALE DR
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE T
NAME Steiner, Murry ☒ Change ☐ Addition
STREET ADDRESS 305 PINE SHADOW WAY
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE D
NAME BALDWIN, ARIENE ☒ Change ☐ Addition
STREET ADDRESS 287 WOOD DALE DRIVE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP
NAME Spahl, Peter ☒ Change ☐ Addition
STREET ADDRESS 13740 COLUMBINE
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE P
NAME Walter Joan ☒ Change ☐ Addition
STREET ADDRESS 196 PLEASANT WOOD DR.
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE S
NAME Keating Edward ☒ Change ☐ Addition
STREET ADDRESS 18637 SHADY PINES CT
CITY-ST-ZIP WELLINGTON, FL 33414

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/26/01 861-795-7767

CR2E037 (5/01)