


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90048 019 \*\*\*\*61.25

<b>DOCUMENT # 746812</b> 1. Entity Name <b>HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US</b>				Mailing Address <b>3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-1936160</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEINER, MURRY</b>		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	<b>12765 W. FOREST HILL BLVD. #1302</b>		STREET ADDRESS	<b>316 Wood Dale Dr.</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CHESNEY, AUDREY</b>		NAME	<b>Dennis O'McMahon</b>	
STREET ADDRESS	<b>281 WOOD DALE</b>		STREET ADDRESS	<b>375 Wood Dale Dr.</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>TECHERA, JORGE</b>		NAME	<b>Arlene Baldwin</b>	
STREET ADDRESS	<b>322 WOOD DALE</b>		STREET ADDRESS	<b>287 Wood Dale Dr.</b>	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP	<b>Wellington FL 33414</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WALTOR, JOAN</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>12765 W. FOREST HILL BLVD. #1302</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>UNGER, GEORGE</b>		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>15590 CEDAR GROVE LANE</b>		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<b>WELLINGTON, FL 33414</b>		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>James P. Fitts</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-25-04 Date		
			Daytime Phone #		