


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90274 044 ****61.25

DOCUMENT # 736948	
1. Entity Name HIDDEN LANDING HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US	Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURNS, JULIE 662 SPINNAKER LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Daniel O'Conner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12842 Spinnaker Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, SUSAN 12790 SPINNAKER LN WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kevin Phillipson <input type="checkbox"/> Change <input type="checkbox"/> Addition 12740 Spinnaker Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LONDONO-LUDWIG, LAURA 12720 SPINNAKER LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tara Almet <input type="checkbox"/> Change <input type="checkbox"/> Addition 12837 Spinnaker Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JEFF 12821 SPINNAKER LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Janet Seagrave <input type="checkbox"/> Change <input type="checkbox"/> Addition 668 Spinnaker Ct Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPSON, KEVIN 12746 SPINNAKER LANE WELLINGTON, FL 33414 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny Bayani <input type="checkbox"/> Change <input type="checkbox"/> Addition 12841 Spinnaker Lane Wellington FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: Janet L Seagrave **4-27-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #