


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 767550	
1. Entity Name HIDDEN LAKE AT KENDALL HOMEOWNERS ASSOCIATION INC.	

Principal Place of Business 8210 S.W. 96 COURT MIAMI, FL 33173 US	Mailing Address 8200 S.W. 96 COURT MIAMI, FL 33173
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2. Principal Place of Business 8200 SW 96 CT	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

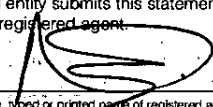
City & State MIAMI	City & State
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Zip 33173	Country BADE	Zip	Country
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6. Name and Address of Current Registered Agent

MALDONADO, ELOA 8210 SW 96TH CT MIAMI, FL 33173

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: 

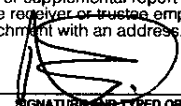
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, ELOA 8210 SW 96TH COURT MIAMI, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, TURID 8200 SW 96TH CT MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOPER, EDWARD 8321 S.W. 96 PLACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04 NOV -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242004 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0240746	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name NATALIE FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable) 8331 SW 96TH PLACE
City MIAMI
FL Zip Code 33173

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIRECTOR NATALIE FERNANDEZ 8331 SW 96TH PLACE MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA TRACY 8310 SW 96 CT MIAMI, FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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