

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90001 011 ****61.25

DOCUMENT # 746812 1. Entity Name HIDDEN PINES 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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country			
4. FEI Number 59-1936160				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414				7. Name and Address of New Registered Agent 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 revocating)					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	TD STEINER, MURRY 12765 W. FOREST HILL BLVD. #1302 WELLINGTON, FL 33414	☒ Delete	TITLE	VP AGE, LILIANE 324 WOODDALE DR. WELLINGTON, FL 33414	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRITTS, JIM		NAME		
STREET ADDRESS	316 WOOD DALE DR.		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TECHERA, JORGE		NAME		
STREET ADDRESS	322 WOOD DALE		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	MCANON, DENNIS		NAME	ROSS, MAUREEN	
STREET ADDRESS	375 WOOD DALE DR.		STREET ADDRESS	276 PLEASANT WOOD DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	☒ Delete	TITLE	S	☐ Change ☒ Addition
NAME	BALDWIN, ARLENE		NAME	TASCA, SHARON	
STREET ADDRESS	287 WOOD DALE DR.		STREET ADDRESS	212 WOOD DALE DRIVE	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Maureen Ross - TREASURER</u> 6/3/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					