

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746812

Entity Name: HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O CMC MANAGEMENT
2950 JOG ROAD
GREENACRES, FL 33467**Current Mailing Address:**C/O CMC MANAGEMENT
2950 JOG ROAD
GREENACRES, FL 33467 US**FEI Number:** 59-1936160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WYANT-CORTEZ & CORTEZ
860 US HIGHWAY ONE
SUITE 108
NORTH PALM BEACH, FL 33408 US*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:** LARRY CORTEZ, ESQUIRE**03/27/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HETZEL, PATRICIA
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	VP
Name	GUDERYON, CHRISTINE
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	BIRCH, MARLENE
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	SECRETARY
Name	AMOROSO, VICTORIA
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	BUTLER, BRIAN
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	DIRECTOR
Name	GRIMM, JAMES
Address	2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

Title	TREASURER
Name	BISHOP, CAROL
Address	C/O CMC MANAGEMENT 2950 JOG ROAD
City-State-Zip:	GREENACRES FL 33467

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HETZEL , PATRICIA**PRESIDENT****03/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date