

**2017 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

03/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S, VP
Name	GILBERTI, MARILYN
Address	1622 SOUTH CLUB DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR, SECRETARY
Name	BIRCH, MARLENE
Address	12606 SHADY PINES COURT
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	GRIMM, JAMES
Address	370 WOOD DALE DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR, PRESIDENT
Name	BECK, BRUCE
Address	17230 GULF PINE CIRCLE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	TURNER, CHARLES
Address	298 WOOD DALE DRIVE
City-State-Zip:	WELLINGTON FL 33414

Title	DIRECTOR
Name	PUGLIESE, DALE
Address	340 WOOD DALE DRIVE
City-State-Zip:	WELLINGTON FL 33414

*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:** MARILYN GILBERTI

VICE PRESIDENT

03/28/2017

Electronic Signature of Signing Officer/Director Detail

Date