

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90060 035 \*\*\*\*61.25

<b>DOCUMENT # 726847</b> 1. Entity Name HIDDEN KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11521 LANDING PLACE E-1 PALM BEACH GARDENS, FL 33408 US			Mailing Address 11521 LANDING PLACE E-1 PALM BEACH GARDENS, FL 33408 US		
2. Principal Place of Business - No P.O. Box # 11518 Landing Pl. #D2 Suite, Apt. #, etc. D2		3. Mailing Address 11518 Landing Pl. Suite, Apt. #, etc. D2		40061840 	
City & State North Palm Beach, FL Zip 33408 Country USA		City & State North Palm Beach, FL Zip 33408 Country USA		4. FEI Number 59-1665071 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent GOULD, THOMAS 11521 LANDING PLACE E-1 PALM BEACH GARDENS, FL 33408			7. Name and Address of New Registered Agent Name Christina Anderson Street Address (P.O. Box Number is Not Acceptable) 11518 Landing Pl., #D-4 City North Palm Beach FL Zip Code 33408		
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 <u>Christina Anderson</u> Christina Anderson 02/07/07 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-listing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE PT NAME GOULD, THOMAS STREET ADDRESS 11521 LANDING PLACE #E-1 CITY-ST-ZIP PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE President NAME Christina Anderson STREET ADDRESS 11518 Landing Pl. #D-4 CITY-ST-ZIP North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ANDERSON, CHRISTINA STREET ADDRESS 11518 LANDING PLACE #D-4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE Vice President NAME Dek Duff STREET ADDRESS 12824 Sugar Creek Drive CITY-ST-ZIP Palm Beach Gardens, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME NASCA, SAMUEL STREET ADDRESS 11518 LANDING PLACE #B-3 CITY-ST-ZIP PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Jennifer Wilson STREET ADDRESS 11518 Landing Place #D2 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Secretary NAME Dean Embert STREET ADDRESS 11518 Landing Place, #A3 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Director NAME Carol McGrath STREET ADDRESS 11518 Landing Place, #A4 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 exemptions contained in Chapter 119, 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>Christina Anderson</u> CHRISTINA ANDERSON 4/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

561-273-2322