

# FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 742388 (2)

1. Corporation Name

THE HIDDEN LAKES PROPERTY OWNERS' ASSOCIATION, I  
NC.

Principal Place of Business

Mailing Address

P.O. BOX 811024  
BOCA RATON FL 33481-024  
US

P.O. BOX 811024  
BOCA RATON FL 33481-024  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1978 3a. Date of Last Report 04/27/1994

4. FEI Number 59-2377977 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 7491-C5 N. Federal Hwy.

26 7491-C5 N. Federal Hwy.

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 #149

27 #149

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

24 33487

25 US

29 33487

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAKABCIN KATHRYN M  
7160 NW 4TH AVE  
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of agent

(NOTE: Registered Agent signature required after consulting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |
|-----------------|-----------------------|
| TITLE           | D                     |
| NAME            | YUDT, MICHAEL F.      |
| STREET ADDRESS  | 480 NW 72ND ST.       |
| CITY - ST - ZIP | BOCA RATON FL         |
| TITLE           | DP                    |
| NAME            | JAKABCIN, KATHRYN M   |
| STREET ADDRESS  | 7160 NW 4TH AVE.      |
| CITY - ST - ZIP | BOCA RATON FL         |
| TITLE           | DT                    |
| NAME            | MCMAMEE, JOHN J       |
| STREET ADDRESS  | 7095 NW 4TH AVE       |
| CITY - ST - ZIP | BOCA RATON, FL 00000  |
| TITLE           | DV                    |
| NAME            | LEROY, WILLIAM C      |
| STREET ADDRESS  | 7180 NW 5TH AVE       |
| CITY - ST - ZIP | BOCA RATON, FL 00000  |
| TITLE           | D                     |
| NAME            | DEMETROULES, GEORGE V |
| STREET ADDRESS  | 7135 N W 4TH AVE      |
| CITY - ST - ZIP | BOCA RATON FL         |
| TITLE           | DS                    |
| NAME            | SHIVELER, ALAN L.     |
| STREET ADDRESS  | 7085 N W 4TH AVENUE   |
| CITY - ST - ZIP | BOCA RATON FL         |

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 11 TITLE           | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | YUDT, MICHAEL F.      |                                                                              |
| 13 STREET ADDRESS  | 480 NW 72ND ST.       |                                                                              |
| 14 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |
| 21 TITLE           | DP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            | JAKABCIN, KATHRYN M.  |                                                                              |
| 23 STREET ADDRESS  | 7160 NW 4TH AVE.      |                                                                              |
| 24 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |
| 31 TITLE           | DT                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            | MCMAMEE, JOHN J.      |                                                                              |
| 33 STREET ADDRESS  | Boca Raton, FL 33487  |                                                                              |
| 34 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |
| 41 TITLE           | DP                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            | LEROY, WILLIAM C.     |                                                                              |
| 43 STREET ADDRESS  | 7180 NW 5TH AVE.      |                                                                              |
| 44 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |
| 51 TITLE           | D                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            | DEMETROULES, GEORGE V |                                                                              |
| 53 STREET ADDRESS  | 7135 NW 4TH AVE       |                                                                              |
| 54 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |
| 61 TITLE           | DS                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            | KILAK, KATHLEEN A.    |                                                                              |
| 63 STREET ADDRESS  | 7115 NW 4TH AVE.      |                                                                              |
| 64 CITY - ST - ZIP | Boca Raton, FL 33487  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John J. McNamee, John J. McNamee - Treasurer 4/21/95 407-997-9887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

742388

**HIDDEN LAKE PROPERTY OWNERS' ASSOCIATION, INC.**  
**7491-C5 N. FEDERAL HWY. #149**  
**BOCA RATON, FL 33487**

**ATTACHMENT TO CORPORATION ANNUAL REPORT - 1995 - DOCUMENT #742388.**

**FEI #592377977.**

**BLOCK 13 - OFFICERS & DIRECTORS.**

|                           |                             |
|---------------------------|-----------------------------|
| <b>7.1 TITLE</b>          | <b>DV</b>                   |
| <b>7.2 NAME</b>           | <b>WILSON, GEOFFREY B.</b>  |
| <b>7.3 STREET ADDRESS</b> | <b>7150 NW 4TH AVE.</b>     |
| <b>7.4 CITY-ST-ZIP</b>    | <b>BOCA RATON, FL 33487</b> |

**END OF ADDITIONAL INFORMATION ON ATTACHMENT.**