

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # **742388** (2)

1. Corporation Name
THE HIDDEN LAKES PROPERTY OWNERS' ASSOCIATION, I NC.



Principal Place of Business 7491-C5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US	Mailing Address 7491-C5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 04/21/1978	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-2377977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**JAKABCIN KATHRYN M
7160 NW 4TH AVE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YUDT, MICHAEL F.	
STREET ADDRESS	480 NW 72ND ST.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAKABCIN, KATHRYN M.	
STREET ADDRESS	7160 NW 4TH AVE.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCNAMEE, JOHN J.	
STREET ADDRESS	7095 NW 4TH AVE	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEROY, WILLIAM	
STREET ADDRESS	7180 NW 5TH AVE.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMETROULES, GEORGE V.	
STREET ADDRESS	7135 NW 4TH AVE.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KICIAK, KATHLEEN A.	
STREET ADDRESS	7115 NW 4TH AVE.	
CITY - ST - ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stilley, Sally A.
4.3 STREET ADDRESS	7255 NW 5th Ave.
4.4 CITY - ST - ZIP	Boca Raton, FL 33487
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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(3)(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 *April 8, 1996* 407-997-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #

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

ATTACHMENT TO CORPORATION ANNUAL REPORT - 1996 - DOCUMENT #742388.

FEI #592377977.

BLOCK 13 - OFFICERS & DIRECTORS.

CHANGE UNDERLINED:

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

END OF ADDITIONAL INFORMATION ON ATTACHMENT.