


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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
---	---

3. Date Incorporated or Qualified 04/21/1978	3a. Date of Last Report 04/11/1996
4. FEI Number 50-2377977	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YUDT, MICHAEL F.	
STREET ADDRESS	480 NW 72ND ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JAKABCIN, KATHRYN M.	
STREET ADDRESS	7160 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MCNAMEE, JOHN J.	
STREET ADDRESS	7085 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STILLEY, SALLY A.	
STREET ADDRESS	7255 NW 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMETROULES, GEORGE V.	
STREET ADDRESS	7135 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	<input checked="" 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	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicholas G. Bethmann	
1.3 STREET ADDRESS	7200 NW 4th Ave	
1.4 CITY-ST-ZIP	Boca Raton, FL 33487	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Reinbersgs	
2.3 STREET ADDRESS	471 NW 72nd St	
2.4 CITY-ST-ZIP	Boca Raton, FL 33487	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert J. Tyburczy	
3.3 STREET ADDRESS	7085 NW 4th Ave	
3.4 CITY-ST-ZIP	Boca Raton, FL 33487	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kim Hallyburton	
4.3 STREET ADDRESS	445 NW 69th St	
4.4 CITY-ST-ZIP	Boca Raton, FL 33487	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert W. Briggs	
5.3 STREET ADDRESS	403 NW 72nd St	
5.4 CITY-ST-ZIP	Boca Raton, FL 33487	
6.1 TITLE	DO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Isabelle Whiteley	
6.3 STREET ADDRESS	500 NW 69th St	
6.4 CITY-ST-ZIP	Boca Raton, FL 33487	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nicholas G. Bethmann* **Nicholas G. Bethmann** 11 May 97 561 997 4611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079076

CR2E037 (9/96)