


FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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-G5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US	Mailing Address 7491-G5 N. FEDERAL HWY. #149 BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 04/21/1978	Applied For Not Applicable
4. FEI Number 59-2377977	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. 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. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETHMANN, NICHOLAS G	1.2 NAME	CALLIHAN, ROBERT F.
STREET ADDRESS	7200 NW 4TH AVE	1.3 STREET ADDRESS	7095 NW 5TH AVE
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINBERSGS, JOHN	2.2 NAME	CRESTANI, RICHARD A.
STREET ADDRESS	471 NW 72ND ST	2.3 STREET ADDRESS	7140 NW 5TH AVE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYBARCZY, ROBERT S	3.2 NAME	POLLACK, LINDA
STREET ADDRESS	7085 NW 4TH AVE	3.3 STREET ADDRESS	7000 NW 5TH AVE
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLYBURTON, KIM	4.2 NAME	NAPOLITANO, LOUISE
STREET ADDRESS	445 NW 69TH ST	4.3 STREET ADDRESS	7120 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DV <input checked="" type="checkbox"/> Change
NAME	BRIGGS, ROBERT	5.2 NAME	
STREET ADDRESS	403 NW 72ND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHILELY, ISABELLE	6.2 NAME	MONTERO, FRANK
STREET ADDRESS	500 NW 69TH ST	6.3 STREET ADDRESS	7055 NW 5TH AVE
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	BOCA RATON FL 33487

14. I 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: **P. D. [Signature] ROBERT F. CALLIHAN FEB 24 1998 904-4664** (561)

CRE037 (10/97)