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**Mar 04, 1999 8:00 am**  
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03-04-1999 90160 028 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742388**

1. Corporation Name  
**HIDDEN LAKE PROPERTY OWNERS' ASSOCIATION, INC.**

165341 - 90160 - 28

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/21/1978	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-2377977	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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	85	Zip Code
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLIHAN, ROBERT E	1.2 NAME	
STREET ADDRESS	7095 NW 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINBERGS, JOHN	2.2 NAME	MCNAMEE, JOHN J.
STREET ADDRESS	471 NW 72ND ST	2.3 STREET ADDRESS	7095 NW 4TH AVE
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, LINDA	3.2 NAME	CRESTANI, RICHARD A.
STREET ADDRESS	7000 NW 5TH AVE	3.3 STREET ADDRESS	7140 NW 5TH AVE
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	NAPOLITANO, LOUISE	4.2 NAME	
STREET ADDRESS	7120 NW 4TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIGGS, ROBERT	5.2 NAME	WINIARZ, HENRY
STREET ADDRESS	403 NW 72ND ST	5.3 STREET ADDRESS	401 NW 72ND ST.
CITY-ST-ZIP	BOCA RATON FL 33487	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	MONTERO, FRANK	6.2 NAME	YUDT, MICHAEL F.
STREET ADDRESS	7055 NW 5TH AVE	6.3 STREET ADDRESS	480 NW 72ND ST
CITY-ST-ZIP	BOCA RATON FL 33487	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, with all other like empowered.

SIGNATURE: *Robert E. Callihan* **ROBERT E. CALLIHAN** FEB. 3, 1999 561-994-4664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)