

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90110 050 \*\*\*\*61.25

**DOCUMENT # 742388**

1. Entity Name

**HIDDEN LAKE PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7491-C5 N. FEDERAL HWY.  
 #149  
 BOCA RATON FL 33487  
 US

7491-C5 N. FEDERAL HWY.  
 #149  
 BOCA RATON FL 33487  
 US

2. Principal Place of Business

**P.M.B. #149**

3. Mailing Address

**P.M.B. #149**

Suite, Apt. #, etc.

**7491 N. FEDERAL HWY, C-5**

Suite, Apt. #, etc.

**7491 N. FEDERAL HWY, C-5**

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

4. FEI Number

**59-2377977**

Applied For

Not Applicable

Zip

**33487**

Country

**US**

Zip

**33487**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MICHAEL F. YUDT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**480 NW 72ND ST.**  
 City **BOCA RATON FL** Zip Code **33487**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**MICHAEL F. YUDT, PRES. FEB 24, 2000**

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	CALLIHAN, ROBERT E	
STREET ADDRESS	7095 NW 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCNAMEE, JOHN J	
STREET ADDRESS	7095 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRESTANI, RICHARD A	
STREET ADDRESS	7140 NW 5TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NAPOLITANO, LOUISE	
STREET ADDRESS	7120 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WINIARZ, HENRY	
STREET ADDRESS	401 NW 72ND ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUDT, MICHAEL F	
STREET ADDRESS	480 NW 72ND ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ACEVEDO, RODOLFO	
STREET ADDRESS	7130 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDGE, THOMAS P., JR.	
STREET ADDRESS	7100 NW 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMETROULES, GEORGE V.	
STREET ADDRESS	7135 NW 4TH AVE.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **Robert E. Callihan** **ROBERT E. CALLIHAN** FEB 24, 2000 994-4664 (561)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)