

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742388

(Amended)

1. Entity Name

Hidden Lake Property Owners' Association, INC.

FILED

01 JUN -6 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O Gelfand & Arpe, P.A.

*PMB #143
7491 N. Federal Hwy C-5
Boca Raton FL 33487
USA*

2. Principal Place of Business

3. Mailing Address

One ClearLake Centre

*Suite, Apt. #, etc.
250 S. Australian Ave Suite 1010*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

West Palm Beach, FL

4. FEI Number

59-2377977

Applied For

Not Applicable

Zip

Country

Zip

Country

33401-5014

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

*Yudt, Michael F
480 NW 72ND ST
BOCA RATON FL 33487*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *DT* Delete
NAME *Callinan, Robert E*
STREET ADDRESS *7025 NW 5th Ave*
CITY-ST-ZIP *Boca Raton FL 33487*

TITLE *DT* Change Addition
NAME *SCHARNHORST RALF*
STREET ADDRESS *7160 NW 4TH AVE*
CITY-ST-ZIP *BOCA RATON FL 33487*

TITLE *DS* Delete
NAME *ACEVEDO, RUDOLFO*
STREET ADDRESS *7130 NW 4th Ave*
CITY-ST-ZIP *Boca Raton FL 33487*

NAME *300004450383-4* Change Addition
STREET ADDRESS *-06/28/01--01091--019*
CITY-ST-ZIP ******61.25 *****61.25*

TITLE *D* Delete
NAME *JUDGE THOMAS PJ*
STREET ADDRESS *7100 NW 5th Ave*
CITY-ST-ZIP *Boca Raton 33487*

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE *D* Delete
NAME *NAPOLITANO, LOUISE*
STREET ADDRESS *7120 NW 4th Ave*
CITY-ST-ZIP *Boca Raton FL 33487*

TITLE *DP* Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE *D* Delete
NAME *DEMETROULES, GEORGE V*
STREET ADDRESS *7135 NW 4th Ave*
CITY-ST-ZIP *Boca Raton FL 33487*

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

TITLE *DP* Delete
NAME *YUDT, MICHAEL F*
STREET ADDRESS *480 NW 72ND ST*
CITY-ST-ZIP *Boca Raton FL 33487*

TITLE *D* Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change Addition

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 empowered.

SIGNATURE: *Ralf Schornhorst* *5/28/01* *561-542-7921*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)