

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90010 038 \*\*\*\*61.25

0000063

**DOCUMENT # 742388**

1. Entity Name

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

Principal Place of Business

Mailing Address

50 GELFAND & ARPE, P.A. ONE CLEAR LAKE CE  
 250 S. AUSTRALIAN AVE. STE. 1010  
 WEST PALM BEACH FL 33401-5014  
 US

PMB 149  
 7491 N. FEDERAL HIGHWAY, C-5  
 BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2377977**

Applied For

Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	SCHARNHORST, RALF	
STREET ADDRESS	7160 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ACEVEDO, RODOLFO	
STREET ADDRESS	7130 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDGE, THOMAS PJ	
STREET ADDRESS	7100 NW 5TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	NAPOLITANO, LOUISE	
STREET ADDRESS	7120 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMETROULES, GEORGE V	
STREET ADDRESS	7135 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YUDT, MICHAEL F	
STREET ADDRESS	480 NW 72ND ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>FL AARON</del>	
STREET ADDRESS	<del>BOCA RATON, FL 33487</del>	
CITY-ST-ZIP	<del>BOCA RATON, FL 33487</del>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIX AARON	
STREET ADDRESS	7200 NW 4th Ave	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINIARZ HENRY	
STREET ADDRESS	401 NW 72nd St	
CITY-ST-ZIP	BOCA RATON FL 33487	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Scharnhorst 4/11/02 561-542-7921  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)