

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742388

FILED
Mar 02, 2006
Secretary of State

Entity Name: HIDDEN LAKE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GELFAND & ARPE, PA
1555 PALM BEACH LAKES BLVD, STE. 1220
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2377977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELFAND & ARPE, PA
1555 PALM BEACH LAKES BLVD
STE. 1220
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: SCHARNHORST, RALF
Address: 7160 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: DS () Delete
Name: MUNSON, DIANE L
Address: 7280 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: JUDGE, THOMAS P
Address: 7100 NW 5TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: DP () Delete
Name: FIX, AARON
Address: 7200 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: DEMETROULES, GEORGE V
Address: 7135 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

Title: DV () Delete
Name: TRICOLI, FRANK
Address: 441 NW 72ND ST
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: LESAGE, PIERRE
Address: 7040 NW 4TH AVE
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALF SCHARNHORST

DT

03/02/2006

Electronic Signature of Signing Officer or Director

Date