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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:12

DOCUMENT # 746812 (7)

1. Corporation Name
HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
271 PLEASANT WOOD DRIVE WELLINGTON FL 33414	271 PLEASANT WOOD DRIVE WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified: 04/19/1979
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1936160 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SPILLANE, J.P.
12788 W FOREST HILL BLVD.
SUITE 2005
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	VD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	SMITH, JEFFREY	1.2 NAME	
STREET ADDRESS	220 PLEASANT WOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WPBEACH, FL 33414	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	STD ☑ Change ☐ Addition
NAME	DIAMOND, RICHARD	2.2 NAME	
STREET ADDRESS	375 WOOD DALE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	33414
TITLE	~~PD~~	3.1 TITLE	D ☐ Change ☑ Addition
NAME	~~MUNDT, RAMON~~	3.2 NAME	Chesney, Audrey
STREET ADDRESS	~~219 PLEASANT WOOD DR~~	3.3 STREET ADDRESS	281 Wood Dale Drive
CITY-ST-ZIP	~~W PALM BCH, FL 00000~~	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33414
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	RICHTER, GREGORY	4.2 NAME	
STREET ADDRESS	381 WOOD DALE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH, FL 00000	4.4 CITY-ST-ZIP	33414
TITLE	DST	5.1 TITLE	VD ☐ Change ☐ Addition
NAME	DAN, MARSHALL	5.2 NAME	
STREET ADDRESS	310 WOOD DALE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☑ Addition
NAME		6.2 NAME	O'Donoghue, Dana
STREET ADDRESS		6.3 STREET ADDRESS	183 Pleasant Wood Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	W. Palm Beach, FL 33414

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: (X) _____ (X) MARSHALL DAN (X) 3/14/95 (X) 790-1488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00T1388