## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 746812

(7)

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Plac	e of Business	Mailing Address		( 160	-an ibiat irana slas Asakt Biati Alati Atati Atati	01911 1991
271 PLEASAI WELLINGTON	NT WOOD DRIVE N FL 33414	271 PLEASANT WOOD : WELLINGTON FL 33414	DRIVE			
				3. Date Incorporated or 04/19/1979	Qualified 3a. Date of Last Rep 03/20/1995	ort
2. Principal F	Place of Business	2a. Mailing Address 26	TYPE M.	4. FEI Number <b>59-1936160</b>	<del>  </del>	lied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		00 1000 100		Applicable
22		27		5. Certificate of Status D	Desired S8.75 Ac	
City & Stal	le	City & State		6. Election Campaign Fill Trust Fund Contributi	, A0.00 W	
Zip	Country	Zip	Country		on Added to liability for intangible tax under s. 199	
24	25	29	30	Florida Statutes	Yes □ No	
	9. Name and Address of Curren	it Hegistered Agent			of New Registered Agent	
COILL AN	IE 10		81 Nam	e		
SPILLAN	•		82 Stree	et Address (P.O. Box Number is Not	Acceptable)	
	V FOREST HILL BLVD.		<u></u>			
SUITE 2			83			
WELLING	GTON FL 33414		84 City		<b> 85</b> Zip Co	ndo
44 D					FI I I	
or regrate	to the provisions of Sections 617.0502 red agent, or both, in the State of Florid ith, and accept the chilipping of Sections	ia laucii chanoe was aninchze	s, the above-named d by the corporation	corporation submits this statement is board of directors. Thereby accord	for the purpose of changing its regist	ered office
familiar w	ith, and accept the obligations of, Secti	on 617.0503, Florida Statutes	, portmon	a board of a rootors. The eby accept	a the appointment as registered age	III. I aiii
SIGNATURE						
12.	Signature, typed or printed name of registrated again  OFFICERS ANI		E. Registered Agent's gnatur		DATE	
TITLE	PD OFFICERS AND	DELETE	13.	AUDITIONS GEANGE	S TO OFFICERS AND DIRECTORS I	
NAME	SMITH, JEFFREY	Doeceir	1.1 TITLE		☐ Change ☐	] Addition
STREET ADDRESS	220 PLEASANT WOOD DR		1.2 NAME	Meltzer, Ken		
	WPBEACH, FL 33414		1.3 STREET ADDRESS	257 Pleasant W	ood Dr.	
CITY-ST-ZIP TITLE	STD	Fintitie	1.4 CITY-ST-ZIP	WP Beach, F1.	33414	
NAME	DIAMOND, RICHARD	☐ DELETE	2 ↑ TIT⊾F	ען	<b>X</b> Change □	Addition
	375 WOOD DALE DRIVE		2 2 NAME			
STREET ADDRESS	W. PALM BEACH FL		2.3 STHEET ADDRESS	i <b>!</b>		
CITY-ST-ZIP TITLE	D D	FIDELER	2 4 CITY - ST - Z-P	1775		
	CHESNEY, AUDREY	DELETE	3 1 TIFLE	V D	Change 🗀	] Addition
NAME STREET ADDRESS	281 WOOD DALE DRIVE		3 2 NAME			
	W PALM BCH, FL 00000		3 3 STREET ADORESS			
CITY-ST-ZIP TITLE	D	DELETE	3.4 CITY-ST-ZIP	0.77.75		
NAME	RICHTER, GREGORY	NELETE.	4 1 TIFLE	S/T/D	Change	Addition
ł	381 WOOD DALE DR.		4 2 NAME	FLANDERS, DAWN		ĺ
STREET ADDRESS	W PALM BCH, FL 00000		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	VD VD	Floriere	4.4 CITY - ST - 7IF	W. PALM BEACH,		
	DAN, MARSHALL	DELETE	5.1 TITLE	D	<b>™</b> Change □	Addition
NAME CIRCL ADDOSCO	310 WOOD DALE DRIVE		5 2 NAME			Į
STREET ADDRESS	W. PALM BEACH FL		5.3 STREET ADORESS			-
CITY-ST-ZIP	D DEACH PL	Decrete	5 4 CITY-ST-7IP			
TITLE		DELETE	6 1 TITLE		☐ Change ☐	Addit on
NAME	O'DONOGHUE, DANA		6 2 NAME			i
STREET ADDRESS	183 PLEASANT WOOD DRIVE		6.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL		6.4 CITY - ST - ZIP			

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)(k). 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 of rustee on powered 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:

\*\*SIGNATURE\*\*

\*\*Port And Press A

CR2E037 (12/95)