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May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33414-4715~~3. Date Incorporated or Qualified  
04/19/19793a. Date of Last Report  
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 ~~Distinctive Homes~~26 ~~Distinctive Homes~~22 Suite, Apt. #, etc.  
12765 West Forest Hill Blvd #130227 Suite, Apt. #, etc.  
12765 W Forest Hill Blvd #130223 City & State  
Wellington FL28 City & State  
Wellington FL24 Zip  
3341425 Country  
Palm Beach29 Zip  
3341430 Country  
Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SPILLANE, J.P.  
12788 W FOREST HILL BLVD  
SUITE 2005  
WELLINGTON FL 33414~~81 Name  
Michael Nelson82 Street Address (P.O. Box Number is Not Acceptable)  
12765 W Forest Hill Blvd83 St  
St 130284 City  
WellingtonFL 85 Zip Code  
33414

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
MELTZER, KEN  
257 PLEASANT WOOD DRIVE  
WEST PALM BEACH FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
P/O  
TERRA SMITH  
12765 W Forest Hill Blvd #1302  
Wellington FL 33414TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DIAMOND, RICHARD  
375 WOOD DALE DRIVE  
W PALM BEACH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
D  
MAARGOTH GASKILL  
12765 W Forest Hill Blvd #1302  
Wellington FL 33414TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
CHESNEY, AUDREY  
281 WOOD DALE DRIVE  
W PALM BCH, FL 000003.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
FLANDERS, DAWN  
322 WOOD DALE DRIVE  
WEST PALM BEACH FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
DAN, MARSHALL  
310 WOOD DALE DRIVE  
W PALM BEACH FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
O'DONOGHUE, DANA  
183 PLEASANT WOOD DRIVE  
W PALM BEACH FL6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
AS  
Michael Nelson  
12765 W Forest Hill Blvd #1302  
Wellington FL 33414

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041142

CR2E037 (9/96)