## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business Mailing Address						
12765 W FOREST BLVD 12765 W FOREST HILL BL1 #1302			LVD			3. Date incorporated or Qualified
#1302 WELLINGTON	FL 33414	WELLINGTON FL 33414				04/19/1979
US		US	US			4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						59-1936160 Not Applicable
21	·	26				5. Certificate of Status Desired Section Secti
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing     Trust Fund Contribution     Added to Fees
City & Stat	e	City & State				7. Is this nonprofit corporation a homeowners association?
23		28				Yes No
Zip			<del></del>	untry		8. This corporation owes or has paid the current year Intangible
24	26	29	30			Personal Property Tax due June 30. Yes No.
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name						
4471.001					110/110	
NELSON, MICHAEL				Street Ad	ddress (P.O. Box Number is Not Acceptable)	
12765 W FOREST HILL BLVD						
STE 130	· <del>-</del>					
MELLIN	GTON FL 33414			84	City	FL 85 Zip Code
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 Fiorida. 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, Niped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.				d Ager	t signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.17	171 F		Change Addition
NAME	SMITH, JEFF			IAME	- 1	)
STREET ADDRESS	12765 W FOREST HILL BLVD #1302				NODRESS	
CITY-ST-ZIP	WELLINGTON FL			HTY-ST		
TITLE	DELETE 2.11			-	Change Addition	
NAME	GASKILL, MARY BETH		2.2 N	AME	1	-
STREET ADDRESS	Annual tel manual manual manual manual		2.3 S	2.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL			2.4 CITY-ST-ZIP		}
TITLE			3.1 T			☐ Change ☐ Addition
NAME	1 11		3.2 N	AME		
STREET ADDRESS			3.3 S	TREET A	ADORESS	}
CITY-ST-ZIP	WELLINGTON FL		3.4. 0	3.4. CITY-ST-ZIP		
TITLE	<u> </u>		4.1 T	ITLE		☐ Change ☐ Addition
NAME			IAME			
STREET ADDRESS	322 WOOD DALE DRIVE		4.3 S	TREET A	VDDAESS	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 0	ITY - ST	-ZIP	
TITLE	7 <b>557</b>	L□ DELETE	5.1 T		- 1.	D Change Maddition
NAME	•		5.2 N	AME	4	WORLD HILL BLUE 130)
STREET ADDRESS					DDRESS /	12765 W FOREST HILL Blue #1302
CITY-ST-ZIP			ITY-ST	-ZIP	DOLITOOT PL 33414	
TITLE	DELETE 6.11			[	Change De Addition	
NAME OTREET ARROYS				6.2 NAME 6.3 STREET ADDRESS		2765 W POREST HILL Blue # 1300
STREET ADDRESS			1		14	WALLOWIN PL 39414
CITY-ST-ZIP	certify that the information supplied w	th this filing does not qualify f		ITY-ST ampti		
14. I 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 embewered 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 attrohment with an address.						

SIGNATURE:

**FILED** 

Apr 20 1998 8:00am

Secretary of State