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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746812** (7)

1. Corporation Name

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12765 W FOREST BLVD
#1302
WELLINGTON FL 33414
US**

**12765 W FOREST HILL BLVD
#1302
WELLINGTON FL 33414
US**

3. Date Incorporated or Qualified

04/19/1979

4. FEI Number

59-1936160

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NELSON, MICHAEL
12765 W FOREST HILL BLVD
STE 1302
WELLINGTON FL 33414**

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
SMITH, JEFF
12765 W FOREST HILL BLVD #1302
WELLINGTON FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
GASKILL, MARY BETH
12765 W FOREST HILL BLVD #1302
WELLINGTON FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**AS
NELSON, MICHAEL
12765 W FOREST HILL BLVD #1302
WELLINGTON FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**STD
FLANDERS, DAWN
322 WOOD DALE DRIVE
WEST PALM BEACH FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)