Applied For

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 746812**

1. Corporation Name

HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 12765 W FOREST BLVD WELLINGTON FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

12765 W FOREST HILL BLVD #1302

WELLINGTON FL 33414

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED Apr 22, 1999 8:00 am § Secretary of State

04-22-1999 90250 043 \*\*\*\*61.25



3. Date Incorporated or Qualifed

04/19/1979

59-1936160

4. FEI Number

23	City & State		,	City & Star	te	-			5. Certifcat	e of Status Desired	. 🗆	\$8.75 / Fee Re		
	Zip		Country	Zip		Country			6. Flection	Campaign Financir	10 _	\$5.00	May Re	
	<b>P</b>	25	· * }	29	30	•			I	nd Contribution	,a 🗆	Added 1		
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age								
		o. Name and	a Address of California	ogratorou z gan		81	Na	ne						
NELSON, MICHAEL 12765 W FOREST HILL BLVD STE 1302							<u> </u>							
						82	Stn	Street Address (P.O. Box Number is Not Acceptable)						
						83								
						]**		· _ ,						
		ON FL 33414	•	,		84					FI	<b>-</b> [ ]	Code	
11.	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.													
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12		Signature, typed or pr	inted name of registered agent and OFFICERS AND I			13.	ii sigria	nta tadnisa		NS/CHANGES TO		ND DIRECTO	RS IN 12	
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ned with this minig does not quality for the exemption stated in Section 19.07(3/ft), Fronda Statutes, in the certify that the minimal mental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an occiver of trustee empowered to execute this sport as required by Chapter 617, Florida Statutes; and that my name appears in indicated on this annual report or suppler officer or director of the corporation of Block 12 or Block 13 if changed, or

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR