


FILE NOW: FILING FEE IS \$61.25

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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 746812</b>					
1. Corporation Name <b>HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 12765 W FOREST BLVD #1302 WELLINGTON FL 33414 US			Mailing Address 12765 W FOREST HILL BLVD #1302 WELLINGTON FL 33414 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/19/1979	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1936160	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent  NELSON, MICHAEL 12765 W FOREST HILL BLVD STE 1302 WELLINGTON FL 33414			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SMITH, JEFF				
STREET ADDRESS	12765 W FOREST HILL BLVD #1302				
CITY-ST-ZIP	WELLINGTON FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	STEINER, MURRY				
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302				
CITY-ST-ZIP	WELLINGTON FL 33414				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	NELSON, MICHAEL				
STREET ADDRESS	12765 W FOREST HILL BLVD #1302				
CITY-ST-ZIP	WELLINGTON FL				
TITLE	STD	<input type="checkbox"/> DELETE			
NAME	FLANDERS, DAWN				
STREET ADDRESS	322 WOOD DALE DRIVE				
CITY-ST-ZIP	WEST PALM BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WALTOR, JOAN				
STREET ADDRESS	12765 W. FOREST HILL BLVD. #1302				
CITY-ST-ZIP	WELLINGTON FL 33414				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	range <input checked="" type="checkbox"/> Addition				
1.2 NAME	D/V P				
1.3 STREET ADDRESS	AUDREY H. CHESNEY				
1.4 CITY-ST-ZIP	281 WOOD DALE DRIVE				
2.1 TITLE	range <input type="checkbox"/> Addition				
2.2 NAME	WELLINGTON FL 33414-4718				
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)