



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 746812 1. Entity Name HIDDEN PINES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US		Mailing Address 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414 US	
DO NOT WRITE IN THIS SPACE			
		01102006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-1936160	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWSOME, JOHN 3461-B FAIRLANE FARMS RD. WELLINGTON, FL 33414		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000395734 01/27/06-80004-014 61.25	
TITLE	VP		
NAME	AGEE, LILIANE		
STREET ADDRESS	334 WOODDALE DRIVE		
CITY- ST- ZIP	WELLINGTON, FL 33414		
TITLE	P		
NAME	FRITTS, JIM		
STREET ADDRESS	316 WOOD DALE DR.		
CITY- ST- ZIP	WELLINGTON, FL 33414		
TITLE	D		
NAME	TECHERA, JORGE		
STREET ADDRESS	322 WOOD DALE		
CITY- ST- ZIP	WELLINGTON, FL 33414		
TITLE	T		
NAME	KOSS, MAUREEN		
STREET ADDRESS	276 PLEASANT WOOD DRIVE		
CITY- ST- ZIP	WELLINGTON, FL 33414		
TITLE	S		
NAME	TASCA, SHARON		
STREET ADDRESS	212 WOODDALE DRIVE		
CITY- ST- ZIP	WELLINGTON, FL 33414		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Maureen Koss</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/19/2006</u> Daytime Phone # <u>561-753-006</u>	