


FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749327 (3)**  
1. Corporation Name  
**HIDDEN BANYAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1202 S LAKE DR LANTANA FL 33462 US</b>	Mailing Address <b>1202 S LAKE DR LANTANA FL 33462 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/16/1979</b>	4. FEI Number <b>59-2155932</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**DINUNZIO, MAXINE  
1202 S. LAKE DRIVE #202  
LANTANA FL 33462**

10. Name and Address of New Registered Agent  
81 Name **Diane Lawrence**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1202 S. Lake DR #104**  
83  
84 City **Lantana** FL 85 Zip Code **33462**

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 *Diane Lawrence* **Diane Lawrence Pres.** **4/30/98**  
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	MECCA, PETER L	
STREET ADDRESS	1202 S LAKE DR, #403	
CITY-ST-ZIP	LANTANA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DINUNZIO, MAXINE	
STREET ADDRESS	1202 S. LAKE DRIVE #202	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANKE, WILLIAM	
STREET ADDRESS	1202 S LAKE DR, #403	
CITY-ST-ZIP	LANTANA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MECCA, PETER L	
STREET ADDRESS	1202 S LAKE DRIVE, #403	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD Lawrence, Diane</b>
2.3 STREET ADDRESS	<b>1202 S. Lake DR #104</b>
2.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Asst Sec. Dinunzio, Maxine</b>
3.3 STREET ADDRESS	<b>1202 S. Lake DR #202</b>
3.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD Eaton, June</b>
4.3 STREET ADDRESS	<b>1202 S. Lake DR #401</b>
4.4 CITY-ST-ZIP	<b>Lantana, FL 33462</b>
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	

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: *Diane Lawrence* **Diane Lawrence** **4/10/98** **561-347-6547**

CR2E037 (10/97)