


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90042 018 \*\*\*\*61.25

0045903

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 749327</b>					
1. Corporation Name <b>HIDDEN BANYAN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1202 S LAKE DR LANTANA FL 33462 US			Mailing Address 1202 S LAKE DR LANTANA FL 33462 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/16/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2155932	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
LAWRENCE, DIANE 1202 S LAKE DRIVE #104 LANTANA FL 33462			81 Name Dinunzio, Maxine		
			82 Street Address (P.O. Box Number is Not Acceptable) 1202 S. Lake Drive #202		
			83		
			84 City Lantana		
			85 Zip Code FL 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 <i>Maxine Dinunzio</i> DATE <i>2/16/99</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LAWRENCE, DIANE			1.2 NAME		
STREET ADDRESS 1202 S LAKE DRIVE #104			1.3 STREET ADDRESS		
CITY-ST-ZIP LANTANA FL 33462			1.4 CITY-ST-ZIP		
TITLE AS <input type="checkbox"/> DELETE			2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DINUNZIO, MAXINE			2.2 NAME		
STREET ADDRESS 1202N S LAKE DRIVE #202			2.3 STREET ADDRESS		
CITY-ST-ZIP LANTANA, FL 00000			2.4 CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME LINKE, WILLIAM			3.2 NAME		
STREET ADDRESS 1202 S LAKE DR, #303			3.3 STREET ADDRESS		
CITY-ST-ZIP LANTANA FL			3.4 CITY-ST-ZIP		
TITLE TD <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME EATON, JUNE			4.2 NAME		
STREET ADDRESS 1202 S LAKE DRIVE #401			4.3 STREET ADDRESS		
CITY-ST-ZIP LANTANA FL 32462			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

*Maxine Dinunzio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/16/99* 561-586 6890

CR2E037 (11/98)