

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750060 (6)

1. Corporation Name

HIDDEN LAKES HOMEOWNERS' ASSOCIATION OF DELRAY,
INC.



Principal Place of Business

Mailing Address

1800 S. AUSTRALIAN AVE.
SUITE 400
W. PALM BEACH FL 33409

1800 S. AUSTRALIAN AVE.
SUITE 400
W. PALM BEACH FL 33409

3. Date Incorporated or Qualified
12/05/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRANNCK, G. STEVEN
1800 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL 33409

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ASFAHL, PAUL W.
STREET ADDRESS 1800 S. AUSTRALIAN AVE.
CITY-ST-ZIP W. PALM BEACH FL

11 TITLE President/Director ☐ Change ☒ Addition
12 NAME Karl Reid Hotaling
13 STREET ADDRESS 1800 S. Australian Avenue, Suite 400
14 CITY-ST-ZIP West Palm Beach, FL 33409 ☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME HINTZ, RALPH R.
STREET ADDRESS 4000 S. 57TH AVENUE
CITY-ST-ZIP LAKE WORTH FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME ADAMS, ALLEN A.
STREET ADDRESS 4000 S. 57TH AVENUE
CITY-ST-ZIP LAKE WORTH FL

31 TITLE Sec/Treas/Director ☒ Change ☐ Addition
32 NAME Allen A. Adams
33 STREET ADDRESS 4000 S. 57th Avenue, Suite 101
34 CITY-ST-ZIP Lake Worth, FL 33463 ☐ Change ☐ Addition

TITLE SD ☒ DELETE
NAME CALLIS, RANDY
STREET ADDRESS 1800 S. AUSTRALIAN AVE.
CITY-ST-ZIP W. PALM BEACH FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

Karl Reid Hotaling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karl Reid Hotaling 4/18/96 407/478-0060

Date

Daytime Phone

CR2E037 (12/95)