

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756697

FILED  
Mar 29, 2007  
Secretary of State

**Entity Name:** THE HIDDEN HOLLOW TOWNHOUSES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4491 RENDE LN.  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4491 RENDE LN.  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 59-2235869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PREVOST, AMANDA PRES D  
4408 RENDE LANE  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MCGAH, WALTER  
Address: 4473 RENDE LANE  
City-St-Zip: LAKE WORTH, FL 33461

Title: TD ( ) Delete  
Name: KEELEY, DENISE  
Address: 4396 RENDE LN  
City-St-Zip: LAKE WORTH, FL 33461

Title: SD ( ) Delete  
Name: SELLERS, DENNIS  
Address: 4421 RENDE LANE  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: FITCH, TOM  
Address: 4437 RENDE LANE  
City-St-Zip: LAKE WORTH, FL 33461

Title: D ( ) Delete  
Name: NOEL, MICHAEL  
Address: 4409 RENDE LANE  
City-St-Zip: LAKE WORTH, FL 33461

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: D'AGOSTINO, CAROLYN  
Address: 4479 RENDE LN  
City-St-Zip: LAKE WORTH, FL 33461

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA PREVOST

DP

03/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date