

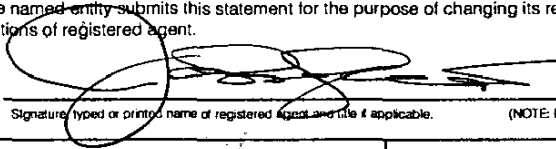


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90285 014 \*\*\*\*61.25

<b>DOCUMENT # N04000001255</b>					
<b>1. Entity Name</b> HIDDEN KEY PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4400 P.G.A. BLVD., STE. 800 PALM BEACH GARDENS, FL			<b>Mailing Address</b> 4400 P.G.A. BLVD., STE. 800 PALM BEACH GARDENS, FL		
<b>2. Principal Place of Business</b> HIDDEN KEY Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO Box 14356 Suite, Apt. #, etc.			
<b>City &amp; State</b> NORTH PALM BEACH Zip 33408 Country PALM BEACH		<b>City &amp; State</b> NO PALM BEACH Zip 33408 Country PALM BEACH		02092005 Chg-NP CR2E037 (10/03)	
<b>4. FEI Number</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARRIS, J. RICHARD 4400 P.G.A. BLVD., STE. 800 PALM BEACH GARDENS, FL			<b>7. Name and Address of New Registered Agent</b> Name: JOHN A. PODESTA Street Address (P.O. Box Number is Not Acceptable): 1553 POINT WAY NO PALM BEACH City: PALM BEACH FL Zip Code: 33408		
<b>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.</b>					
SIGNATURE:  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 4/20/05	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, J. RICHARD 4400 P.G.A. BLVD., STE. 800 PALM BEACH GARDENS, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN JOHN A. PODESTA 1553 POINT WAY NO PALM BEACH, FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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**12. 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 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:**

