


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90081 030 \*\*\*\*61.25

<b>DOCUMENT # N93000000288</b>	
1. Entity Name HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 640-7932 WILES RD CORAL SPRINGS, FL 33067 US P.O. Box 970878 Boca Raton, FL 33498	Mailing Address 640-7932 WILES RD CORAL SPRINGS, FL 33067 US P.O. Box 970878 Boca Raton, FL 33498
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04192005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0436615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KELLER, STACI 10677 LAKE JASMINE DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SUCHOFF, NANCY 10744 LAKE OAK WAY BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SCHILLER, ELLIOTT 10652 BUTTONWOOD LAKE DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TRIASSI, ANTHONY 10867 BUTTONWOOD LAKE DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SACKS, SHARON Michael Weiss 10571 Buttonwood Lake Dr. BOCA RATON, FL 33498 Boca Raton, FL 33498
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Staci Keller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/05 561-852-8972  
Date Daytime Phone #