2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000288

FILED Jan 11, 2008 Secretary of State

Entity Name: HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC.

Current	Principal Place of Business:	New Principal Place of Business:
PO BOX 9 BOCA RA	970878 TON, FL 33498 US	C/O DAVENPORT 6620 LAKE WORTH RD STE E&F LAKE WORTH, FL 33467 US
Current Mailing Address:		New Mailing Address:
PO BOX 9 BOCA RA	70878 TON, FL 33498 US	C/O DAVENPORT 6620 LAKE WORTH RD STE E&F LAKE WORTH, FL 33467 US
In accordar	:: 65-0436615 FEI Number Applied For () nece with s. 607.193(2)(b), F.S., the corporation did	•
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1501 NW SUITE 202 FORT LAI	JDERDALE, FL 33309 US	e purpose of changing its registered office or registered agent, or both
	RE: LEIGH KATZMAN	
0,011,710	Electronic Signature of Registered A	gent Date
OFFICERS AND DIRECTORS:		~
	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	DP () Delete KELLER, STACI 10677 LAKE JASMINE DRIVE BOCA RATON, FL 33498	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO Title: () Change () Addition Name: Address: City-St-Zip:
Name: Address: City-St-Zip: Title: Name: Address:	DP () Delete KELLER, STACI 10677 LAKE JASMINE DRIVE	Title: () Change () Addition Name: Address:
Name: Address:	DP () Delete KELLER, STACI 10677 LAKE JASMINE DRIVE BOCA RATON, FL 33498 DVP () Delete SUCHOFF, NANCY 10744 LAKE OAK WAY	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DP () Delete KELLER, STACI 10677 LAKE JASMINE DRIVE BOCA RATON, FL 33498 DVP () Delete SUCHOFF, NANCY 10744 LAKE OAK WAY BOCA RATON, FL 33498 DT () Delete SCHILLER, ELLIOTT 10652 BUTTONWOOD LAKE DRIVE	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 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: STACI KELLER D 01/11/2008