


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90077 013 ****61.25

DOCUMENT # N97000004234 1. Entity Name HIDDEN HOLLOW OF PALM BEACH HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5000 NORTH LAKE BLVD PALM BEACH GARDENS, FL 33418 US			Mailing Address 122 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418 US		
2. Principal Place of Business - No P.O. Box # 2328 S. CONGRESS AVENUE		3. Mailing Address 2328 S. CONGRESS AVENUE			
Suite, Apt. #, etc. SUITE 2A		Suite, Apt. #, etc. SUITE 2A			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL			
Zip 33406	Country USA	Zip 33406	Country USA	4. FEI Number 65-0850389	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEVORE, SCOTT 122 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name CUSTOM PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2328 S. CONGRESS AVE., SUITE 2A City WEST PALM BEACH FL Zip 33406	
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 <i>Jennifer Rogers</i> Jennifer Rogers V.P. of Admin Serv. 4/17/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEVORE, SCOTT 122 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PARSONS, ERIC 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAIONE, STEVE 126 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIONE, STEVEN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTLE, AUDREY 144 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FORGATCH, MICHAEL 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTRONUOVO, JOHN 130 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FIELD III, TYLER 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBSTER, TERRY 112 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, CONSTANCE 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406	<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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 life empowered.					
SIGNATURE: <i>Steve Maione</i>			561-439-1433 4/19/2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		