

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 404486 (3)

**1. Corporation Name
HIDDEN VALLEY PARK, INC.**



**Principal Place of Business Mailing Address
808 PARK AVE 808 PARK AVE
DE LEON SPRINGS FL 32130 DE LEON SPRINGS FL 32130-3240**

3. Date Incorporated or Qualified 07/06/1972 3a. Date of Last Report 02/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1399532	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip Country	Zip Country	24	25
29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHULER, RICHARD W 808 PARK AVE DELEON SPRS, FLA DELEON SPRINGS FL 32130	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SD <input type="checkbox"/> DELETE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE VD	1.1 NAME Schuler, Jeane G.
1.2 NAME SCHULER, JEANE G	1.2 STREET ADDRESS 808 Park Avenue
1.3 STREET ADDRESS 808 PARK AVE	1.3 CITY-ST-ZIP DeLeon Springs, FL 32130
1.4 CITY-ST-ZIP DELEON SPRS, FL 00000	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME PD	
2.3 STREET ADDRESS SCHULER, RICHARD W	
2.4 CITY-ST-ZIP 808 PARK AVE	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME TD	
3.3 STREET ADDRESS BENNETT, DEANNA SCHULER	
3.4 CITY-ST-ZIP 808 PARK AVE	
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME VD	
4.3 STREET ADDRESS SCHULER, MARK	
4.4 CITY-ST-ZIP 808 PARK AVE	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 form, or any supplemental information reported 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Richard W. Schuler*

1/17/97

CR2E034 (9/96)