FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -6 AM 6:

SECRETARY OF STAT
TALLAHASSEE, FLORID

DOCUMENT # **726988** **(9)**

1. Corporation Name

HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2055 WOOD STREET SUITE 202 SARASOTA FL 34237	2055 WOOD STREET SUITE 202 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1973
3a. Date of Last Report: 04/27/1994
4. FEI Number: 58-1385249 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PROPERTY & ACCOUNTING MANANGEMENT INC
2055 WOOD STREET
SUITE 202
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HOHL, WALTER	1.2 NAME	Hohl, Walter	
STREET ADDRESS	4348 RAYFIELD DRIVE	1.3 STREET ADDRESS	4348 Rayfield Drive	
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDBACH, ELEANOR	2.2 NAME		
STREET ADDRESS	4469 RAYFIELD DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GRANGER, ROBINSON	3.2 NAME	Granger, Robinson	
STREET ADDRESS	4460 SANDNER DRIVE	3.3 STREET ADDRESS	4460 Sandner Drive	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	SD	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GRANGER, CHERYL	4.2 NAME	Burrows, Karen	
STREET ADDRESS	4460 SANDNER DR.	4.3 STREET ADDRESS	4409 Sandner Drive	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	VPD	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WOODS, RENEE	5.2 NAME	Woods, Renee	
STREET ADDRESS	4446 SANDNER DR.	5.3 STREET ADDRESS	446 Sandner Drive	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	Sarasota, FL 34243	
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DUFRESNE, ROCH	6.2 NAME	Dufresne, Roch	
STREET ADDRESS	4412 SANDNER DRIVE	6.3 STREET ADDRESS	4412 Sandner Drive	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	Sarasota, FL 34243	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Renee S. Woods Treasurer 3-30-95 813-378-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018718