

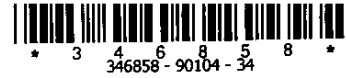
FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90104 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726988					
1. Corporation Name HIDDEN HOLLOW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2055 WOOD STREET SUITE 202 SARASOTA FL 34237			Mailing Address 2055 WOOD STREET SUITE 202 SARASOTA FL 34237		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1385249	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent PROPERTY & ACCOUNTING MANAGEMENT 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	
				85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	18	☒ DELETE	1.1 TITLE	S/D	☐ Change	☒ Addition	
NAME	GRANGER, ROBINSON		1.2 NAME	Piras, Lois			
STREET ADDRESS	4836 PALM AIRE DRIVE		1.3 STREET ADDRESS	4386 Rayfield Dr.			
CITY-ST-ZIP	SARASOTA FL 34243		1.4 CITY-ST-ZIP	Sarasota, FL 34243			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	MAMMELLI, CHARLES		2.2 NAME				
STREET ADDRESS	4393 RAYFIELD DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		2.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME	BELLUCCI, JEANNE		3.2 NAME				
STREET ADDRESS	4463 RAYFIELD		3.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP				
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	KAREN BURROWS		4.2 NAME				
STREET ADDRESS	4409 SANDNER DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		4.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME	WOODS, RENEE		5.2 NAME				
STREET ADDRESS	4446 SANDNER DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP				
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition	
NAME	DUFRESNE, ROCH		6.2 NAME				
STREET ADDRESS	4412 SANDNER DRIVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34243		6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles Cross 4/18/99 355-6302

CR20037 11/1/08