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Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743394 (9)

1. Corporation Name

HIDDEN OAKS ESTATES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4710 STONERIDGE TRAIL  
SARASOTA FL 34232POST OFFICE BOX 7754  
SARASOTA FL 34278-77543. Date Incorporated or Qualified  
06/27/19783a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTSON, WILLIAM E JR.  
KIRK-PINKERTON, P.A.  
720 SOUTH ORANGE AVE.  
SARASOTA FL 34236

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCGANNON, TERRY  
STREET ADDRESS 4824 STONE RIDGE TRAIL  
CITY-ST-ZIP SARASOTA FL  
☒ DELETE1.1 TITLE  
1.2 NAME Sam Norton  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE TD  
NAME DUNN, TED  
STREET ADDRESS 4710 STONERIDGE TRAIL  
CITY-ST-ZIP SARASOTA FL 34232  
☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE D  
NAME NORTON, SAM  
STREET ADDRESS 4848 STONERIDGE TRAIL  
CITY-ST-ZIP SARASOTA FL 34232  
☐ DELETE3.1 TITLE PD  
3.2 NAME Same  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☒ Change ☐ AdditionTITLE D  
NAME EADENS, LOLLIE  
STREET ADDRESS 4853 STONERIDGE TRAIL  
CITY-ST-ZIP SARASOTA FL 34232  
☒ DELETE4.1 TITLE VP D  
4.2 NAME Pete Smith  
4.3 STREET ADDRESS 4710 Stone Ridge Trail  
4.4 CITY-ST-ZIP Sarasota FL 34232  
☐ Change ☐ AdditionTITLE D  
NAME HARTMAN, SANDY  
STREET ADDRESS 4710 STONERIDGE TRAIL  
CITY-ST-ZIP SARASOTA FL 34232  
☒ DELETE5.1 TITLE VP D  
5.2 NAME Frank Escobar  
5.3 STREET ADDRESS 1665 Stone Ridge Terrace  
5.4 CITY-ST-ZIP Sarasota FL 34232  
☐ Change ☐ AdditionTITLE D  
NAME SCHMOYER, BARRY  
STREET ADDRESS 4932 HIDDEN OAKS TRAIL  
CITY-ST-ZIP SARASOTA FL 34232  
☐ DELETE6.1 TITLE SD  
6.2 NAME Same  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☒ Change ☐ Addition

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 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: Ted Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

1/18/97 (941) 921-5000

Daytime Phone # 0084189

CR2E037 (9/96)