

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748121 (1)**
1. Corporation Name
HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
3859 HIDDEN ACRES CIRCLE PO BOX 4845 NORTH FORT MYERS FL 33918

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/19/1979** 3a. Date of Last Report **04/26/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **3944 Hidden Acres Cr** 26 **P.O. Box 4436**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **N.Ft. Myers FL** 28 **N.Ft. Myers FL**
Zip Country Zip Country
24 **33903** 25 **USA** 29 **33918-4436** 30 **USA**

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

9. Name and Address of Current Registered Agent
PARVEY, ALLAN
3854 HIDDEN ACRES CIRCLE
NORTH FT MYERS FL 33903

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORAN, FRANK 3906 HIDDEN ACRES CIRCLE N FT MYERS FL	1.1 TITLE P/D 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRASQUILLO, ANN 3812 HIDDEN ACRES CIRCLE NO FT MYERS, FL 00000	2.1 TITLE V/D 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Koch, Eric <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3806 Hidden Acres Circle No Ft Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIS, MARY NAN 4105 HIDDEN ACRES CIRCLE NO FT MYERS FL	3.1 TITLE 3.2 NAME S/D 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFOUNTAIN, JAMES 3921 HIDDEN ACRES CIRCLE NO FT MYERS, FL 00000	4.1 TITLE T 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Noah, Brenda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3944 Hidden Acres Circle No Ft Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOWEN, CLIFFORD 3859 HIDDEN ACRES CIRCLE N FT MYERS FL	5.1 TITLE D 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Carrasquillo, Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3812 Hidden Acres Circle No Ft Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREL, ANN 3783 HIDDEN ACRES CIR N FT MYERS FL	6.1 TITLE 6.2 NAME D 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	same <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: Brenda Noah **Brenda Noah, Treas.** 4-22-95 813-656-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #