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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **3944 HIDDEN ACRES CIR N FT MYERS FL 33903 US**
Mailing Address: **PO BOX 4436 NORTH FORT MYERS FL 33918 US**

3. Date Incorporated or Qualified: **07/19/1979**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business: same	2a. Mailing Address: same	4. FEI Number: NOT APPLICABLE	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip: 33903	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PARVEY, ALLAN 3871 3854 HIDDEN ACRES CIRCLE NORTH FT MYERS FL 33903		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: same
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	FORAN, FRANK 3908 HIDDEN ACRES CIRCLE N FT MYERS FL	<input checked="" type="checkbox"/> DELETE	
TITLE: VD	KOCH, ERIC 3808 HIDDEN ACRES CIR NO FT MYERS, FL 00000	<input type="checkbox"/> DELETE	1.1 TITLE: V/O 1.2 NAME: Jerry Wallace 1.3 STREET ADDRESS: 3826 Hidden Acres Circle 1.4 CITY-ST-ZIP: N Ft Myers FL 33903
TITLE: SD	ELLIS, MARY NAN 4105 HIDDEN ACRES CIRCLE NO FT MYERS FL	<input type="checkbox"/> DELETE	2.1 TITLE: P/D 2.2 NAME: Erik Koch 2.3 STREET ADDRESS: same 2.4 CITY-ST-ZIP:
TITLE: T	NOAH, BRENDA 3944 HIDDEN ACRES CIR NO FT MYERS, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE: S/D 3.2 NAME: same 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:
TITLE: D	CARRASQUILLO, ANN 3812 HIDDEN ACRES CIR N FT MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE: T 4.2 NAME: same 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:
TITLE: D	MOREL, ANN 3793 HIDDEN ACRES CIR N FT MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: same 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:
TITLE: D	MOREL, ANN 3793 HIDDEN ACRES CIR N FT MYERS FL	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: same 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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.** 4-6-96 941-656-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)