

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748121 (1)**  
1. Corporation Name  
**HIDDEN ACRES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>3944 HIDDEN ACRES CIR N FT MYERS FL 33903 US</b>	Mailing Address <b>PO BOX 4436 NORTH FORT MYERS FL 33918-4436 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1979</b>		3a. Date of Last Report <b>04/11/1996</b>	
<b>21</b> <b>SAME</b>	<b>26</b> <b>SAME</b>	4. FEI Number <b>NOT APPLICABLE</b>		Applied For		Not Applicable	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>22</b>	<b>27</b>	<b>23</b>	<b>28</b>	<b>9. Name and Address of Current Registered Agent</b>			
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>10. Name and Address of New Registered Agent</b>			

**PARVEY, ALLAN**  
**3874-2854 HIDDEN ACRES CIRCLE**  
**NORTH FT MYERS FL 33903**

*3871 New #*

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>83</b>	
<b>84</b> City	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY WALLACE</b>	1.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>3826 HIDDEN ACRES CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERIK KOCH</b>	2.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>3806 HIDDEN ACRES CIR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO FT MYERS, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIS, MARY NAN</b>	3.2 NAME	<b>FREDRICKA HOWIE</b>
STREET ADDRESS	<b>4105 HIDDEN ACRES CIRCLE</b>	3.3 STREET ADDRESS	<b>3924 HIDDEN ACRES CIR</b>
CITY-ST-ZIP	<b>NO FT MYERS FL</b>	3.4 CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOAH, BRENDA</b>	4.2 NAME	<b>ANDREW HOWIE</b>
STREET ADDRESS	<b>3944 HIDDEN ACRES CIR</b>	4.3 STREET ADDRESS	<b>3924 HIDDEN ACRES CIR</b>
CITY-ST-ZIP	<b>NO FT MYERS, FL 00000</b>	4.4 CITY-ST-ZIP	<b>N FT MYERS FL 33903</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRASQUILLO, ANN</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>3812 HIDDEN ACRES CIR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOREL, ANN</b>	6.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>3793 HIDDEN ACRES CIR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	6.4 CITY-ST-ZIP	

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: *[Signature]* **ANDREW R. HOWIE** 1/27/97 941 335 2300

CR2E037 (9/96)