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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 3944 HIDDEN ACRES CIR N FT MYERS FL 33903 US	Mailing Address PO BOX 4436 NORTH FORT MYERS FL 33903 US
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3. Date Incorporated or Qualified 07/19/1979	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

PARVEY, ALLAN
3826 HIDDEN ACRES CIRCLE 3871
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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JERRY WALLACE	
STREET ADDRESS	3826 HIDDEN ACRES CIRCLE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ERIK KOCH	
STREET ADDRESS	3808 HIDDEN ACRES CIR	
CITY-ST-ZIP	NO FT MYERS, FL 00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOWIE, FREDRICKA	
STREET ADDRESS	3924 HIDDEN ACRES CIRCLE	
CITY-ST-ZIP	NO FT MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOWIE, ANDREW	
STREET ADDRESS	3924 HIDDEN ACRES CIR.	
CITY-ST-ZIP	NO FT MYERS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARRASQUILLO, ANN	
STREET ADDRESS	3812 HIDDEN ACRES CIR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOREL, ANN	
STREET ADDRESS	3783 HIDDEN ACRES CIR	
CITY-ST-ZIP	N FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRENT WEDLER	
1.3 STREET ADDRESS	3818 HIDDEN ACRES CIRCLE	
1.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERRY D. STUMP SR	
2.3 STREET ADDRESS	3773 HIDDEN ACRES CR	
2.4 CITY-ST-ZIP	N. FT MYERS, FL 33903	
3.1 TITLE	SEC - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN CARRASQUILLO	
3.3 STREET ADDRESS	3812 HIDDEN ACRES CIRCLE	
3.4 CITY-ST-ZIP	N. FT MYERS, FL. 88903	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIANNE T. BYRD	
4.3 STREET ADDRESS	3884 HIDDEN ACRES CIRCLE	
4.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: DIANNE T. BYRD Diianne T. Byrd Treasurer 4/24/98 941 999-7206

CR2E037 (10/97)