

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757667 (1)
1. Corporation Name
HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
3035 66TH AVENUE N., #14 ST. PETERSBURG FL 33702-6266 US
3035 66TH AVENUE N., #14 ST. PETERSBURG FL 33702-6266 US

3. Date Incorporated or Qualified 04/21/1981 3a. Date of Last Report 11/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CONLON, RAY 3035 66TH AVE N., #14 ST. PETERSBURG FL 33702		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD MYERS, NORMA	11 TITLE	VPD BETTY MADIGAN
NAME	3035 66TH AVE. N. #62 ST. PETERSBURG FL	12 NAME	3035 66TH AVE N #41 ST. PETERSBURG 33702-6266
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VPD MYERS, NORMA	2.1 TITLE	STD KAREN MALEY
NAME	3035 66TH AVE. N. #16 ST. PETERSBURG FL	2.2 NAME	3035 66TH AVEN #97 ST PETERSBURG FL 33702-6266
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD MACCORMACK, ELSIE H	3.1 TITLE	
NAME	3035 66TH AVE N. #104 ST. PETERSBURG FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD CONLON, RAY	4.1 TITLE	
NAME	3035 66TH AVE N., #14 ST. PETERSBURG FL 33702-6266	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MOLDEN, JAY	5.1 TITLE	
NAME	3035 66TH AVE N. #116 ST. PETERSBURG FL 33702-6266	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	STD ALLISON, IRENE	6.1 TITLE	
NAME	3035 66TH AVE N., #114 ST. PETERSBURG FL 33702-6266	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)