


FILE NOW: FILING FEE IS \$61.25

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**Jul 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757667 (1)

1. Corporation Name
HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3035 66TH AVENUE N. ST. PETERSBURG FL 33702-6266 US	Mailing Address 3035 66TH AVENUE N. ST. PETERSBURG FL 33702-6266 US
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3. Date Incorporated or Qualified 04/21/1981	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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	

21. Principal Place of Business Suite, Apt. #, etc. LOT 111	22. Mailing Address Suite, Apt. #, etc. LOT 111
23. City & State	24. City & State
25. Zip	26. Country
27. Zip	28. Country

9. Name and Address of Current Registered Agent

CONLON, RAY
 3035 66TH AVE N., #14
 ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81. Name **CAROL MCKEE -D**

82. Street Address (P.O. Box Number is Not Acceptable)
3035 66TH AVE N, LOT 111

83. City

84. City **ST PETERSBURG FL**

85. Zip Code **33702**

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 *Carol A. McKee* **6/30/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BETTY MADIGAN	
STREET ADDRESS	3035 66TH AVE FN 41	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KAREN MALEY	
STREET ADDRESS	3035 66TH AVE N 97	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONLON, RAY	
STREET ADDRESS	3035 66TH AVE N., #14	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-6266	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VP -D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	KAREN MALEY		
1.3 STREET ADDRESS	3035-66TH AVE N, LOT 97		
1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702		
2.1 TITLE	SECRETARY -D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	PAT Mc ALPHINE		
2.3 STREET ADDRESS	3035-66TH AVE N, LOT 98		
2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702		
3.1 TITLE	TREAS -D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	DONALD BAILEY		
3.3 STREET ADDRESS	3035-66TH AVE N, LOT 38		
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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 97, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Carol A. McKee* **PRESIDENT** **4/1/98** **912-545-7378**

CR2E037 (10/97)