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Mar 20 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 # 768451 (7)
1. Corporation Name
HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 10 E MONUMENT AVENUE, KISSIMMEE FL 34741, US
Mailing Address: 10 E MONUMENT AVENUE, KISSIMMEE FL 34741-5749, US

3. Date Incorporated or Qualified: 05/16/1983
3a. Date of Last Report: 03/12/1986
4. FEI Number: 59-2742529
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
MILES, STEVE
4305 NEPTUNE ROAD
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRAZINI GINGER	
STREET ADDRESS	2305 LEeward COVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLS, RONALD	
STREET ADDRESS	3280 STARBOARD CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRIGGS, ADAM	
STREET ADDRESS	2328 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GURSKY RON	
STREET ADDRESS	1300 HIDDEN HARBOR LANE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KEBELMAN, ALTA	
STREET ADDRESS	2332 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON SAM	
STREET ADDRESS	2335 INDIAN MOUND TRAIL	
CITY-ST-ZIP	KISSIMMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert Cahill	
1.3 STREET ADDRESS	2326 Indian Mound Trail	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Linda Miles	
4.3 STREET ADDRESS	2391 Windward Cove	
4.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ed SANT	
6.3 STREET ADDRESS	1201 Hidden Harbor Lane	
6.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	

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: Ronald Walls DATE: 3/14/97 DAYTIME PHONE: 407/847-2841

CR2E037 (9/96)