

Amended

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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768451
 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 SEP -9 PM 3: 58

DOCUMENT # 768451
 1. Corporation Name
 Hidden Harbor Community Assoc, Inc.

Principal Place of Business 40 The Thornton Co. 4307 Neptune Rd. St. Cloud, FL 34770	Mailing Address c/o The Thornton Co. P.O. Box 700665 St. Cloud, FL 34770-0665
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05-19-99 90026 002 \$61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 3-17-1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2742629
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Pass

9. Name and Address of Current Registered Agent Steve miles 100 Church Street Kissimmee, FL 34741	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
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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 registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. miles, Linda	1.2 NAME	
STREET ADDRESS	2391 Windward Cove	1.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	v.p.o Cahill, Robert	2.2 NAME	
STREET ADDRESS	2326 Indian Mound Trl.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	s.o. Gursky, Ron	3.2 NAME	
STREET ADDRESS	1300 Hidden Harbor Lane	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O.T. Sant, Jason	4.2 NAME	
STREET ADDRESS	2326 Indian Mound Trail	4.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. Gast, Ronald	5.2 NAME	
STREET ADDRESS	2306 Leeward Cove	5.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: X Linda B. Miles 4/20/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #