

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # 770633 (6)**  
1. Corporation Name

**HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -7 AM 10: 02

Principal Place of Business Mailing Address  
**1600 HIDDEN CREEK BLVD  
ORLANDO FL 32872  
US** **1600 HIDDEN CREEK BLVD  
ORLANDO FL 32872  
US**

DO NOT WRITE IN THIS SPACE

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 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**10/07/1983** **03/18/1994**  
4. FEI Number Applied For  
**59-2883916** Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**LANCASTER, JUDITH M.  
1602 SUNSIDE SQUARE  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent  
81 Name **DAVID POST**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1604 LITTLE FALLS CIRCLE**  
83  
84 City **ORLANDO** FL 85 Zip Code **32807**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **David Post, President** **David Post, President** DATE **4-3-95**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>LANCASTER, JUDITH M</b>
STREET ADDRESS	<b>1602 SUNSIDE SQUARE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b>
NAME	<b>HART, JO ANN</b>
STREET ADDRESS	<b>1738 HIDDEN CREEK BLVD</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b>
NAME	<b>ALENNE, TOMAS</b>
STREET ADDRESS	<b>1600 LONG RIDGE CT.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>FERRER, LUIS</b>
STREET ADDRESS	<b>3836 SPRING BREEZE DR.</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>RUSSO, GERALDINE</b>
STREET ADDRESS	<b>1610 LITTLE FALL CIRCLE</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b>
NAME	<b>BURNETT, GAIL A</b>
STREET ADDRESS	<b>1600 LONG RIDGE COURT</b>
CITY - ST - ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>DAVID POST</b>
13 STREET ADDRESS	<b>1604 LITTLE FALLS CIRCLE</b>
14 CITY - ST - ZIP	<b>ORLANDO FL 32807</b>
21 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>LORNA CHASSON</b>
23 STREET ADDRESS	<b>1714 SILVER CREEK CULT</b>
24 CITY - ST - ZIP	<b>ORLANDO FL 32807</b>
31 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>GEORGE FELIX</b>
33 STREET ADDRESS	<b>1724 SILVER CREEK CULT</b>
34 CITY - ST - ZIP	<b>ORLANDO, FL 32807</b>
41 TITLE	<b>V.P.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>MARY GEENEN</b>
43 STREET ADDRESS	<b>1703 SHADY RIDGE COURT</b>
44 CITY - ST - ZIP	<b>ORLANDO FL 32807</b>
51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>GERALDINE ANONA</b>
53 STREET ADDRESS	<b>1619 LITTLE FALLS CIRCLE</b>
54 CITY - ST - ZIP	<b>ORLANDO FL 32807</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statute. 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **David Post** **DAVID POST (P.D)** DATE **4-3-95** TELEPHONE **(407) 523-7414**  
Signature and typed or printed name of signing officer or director. (Date)