

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 770633 (6)**  
1. Corporation Name  
**HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1800 HIDDEN CREEK BLVD ORLANDO FL 32872 US</b>	Mailing Address <b>1600 HIDDEN CREEK BLVD ORLANDO FL 32807-4284 US</b>
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>10/07/1983</b>	3a. Date of Last Report <b>02/21/1996</b>
--------------------------------------------------------	----------------------------------------------

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

4. FEI Number <b>59-2883916</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**POST, DAVID  
1604 LITTLE FALLS CIR  
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *[Signature]* DATE: **2/11/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>POST, DAVID</b>	
STREET ADDRESS	<b>1604 LITTLE FALLS CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHIASSON, LORNA</b>	
STREET ADDRESS	<b>1714 SILVER CREEK CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEITRICK, SARAH</b>	
STREET ADDRESS	<b>1705 SHADY RIDGE COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD-D</b>	<input type="checkbox"/> DELETE
NAME	<b>GEENEN, MARY</b>	
STREET ADDRESS	<b>1703 SHADY RIDGE CT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBS, SANDRA</b>	
STREET ADDRESS	<b>1602 LITTLE FALLS CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNDT, JAFFERY</b>	
STREET ADDRESS	<b>1611 LITTLE RIVER DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32708</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Felix George</b>
1.3 STREET ADDRESS	<b>1617 LONGRIDGE COURT</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32807</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* DATE: **2/11/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)