


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770633 (6)**  
 1. Corporation Name  
**HIDDEN CREEK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 1600 HIDDEN CREEK BLVD ORLANDO FL 32872 US 32807	Mailing Address 1600 HIDDEN CREEK BLVD ORLANDO FL 32872 US 32807
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3. Date Incorporated or Qualified <b>10/07/1983</b>	Applied For Not Applicable
4. FEI Number <b>59-2883916</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 32807 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 **LARRY SPENCER**  
 82 Street Address (P.O. Box Number Is Not Acceptable)  
**1600 Hidden Creek Blvd**  
 83  
 84 City **ORLANDO** FL 85 Zip Code **32807**

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 Larry Spencer **LARRY SPENCER, PROPERTY MANAGER** 1/26/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Felix	
1.3 STREET ADDRESS	1617 Longridge Ct.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32807	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David Post	
2.3 STREET ADDRESS	1604 Little Falls Cir	
2.4 CITY-ST-ZIP	ORLANDO, FL 32807	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY GEENEN	
3.3 STREET ADDRESS	1703 Shady Ridge Ct	
3.4 CITY-ST-ZIP	ORLANDO, FL 32807	
4.1 TITLE	VPD Audrey Saylor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	4727 Walden Circle #156	
4.4 CITY-ST-ZIP	ORLANDO, FL 32811	
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 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: X [Signature]**

CR2E037 (10/97)