

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N01587** (7)
1. Corporation Name
HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 715 SANDY COURT, ALTAMONTE SPRINGS FL 32714, US
Mailing Address: 715 SANDY COURT, ALTAMONTE SPRINGS FL 32714, US

3. Date Incorporated or Qualified: 02/22/1984
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2887697	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
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	10. Name and Address of New Registered Agent
WITTELS, MARIANNE 715 SANDY COURT ALTAMONTE SPRINGS FL 32714	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMELA, DAVID	1.2 NAME	
STREET ADDRESS	105 BRIDGEWAY CIRLOE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, LISA	2.2 NAME	Sandy Cohn
STREET ADDRESS	685 YOUNGSTOWN PARKWAY #302	2.3 STREET ADDRESS	662 Youngstown Parkway #204
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, PEGGY	3.2 NAME	
STREET ADDRESS	605 YOUNGSTOWN PARKWAY #31	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROTT, JOHN	4.2 NAME	Steve Albn
STREET ADDRESS	705 YOUNGSTOWN PARKWAY #357	4.3 STREET ADDRESS	590 Bloomington Court #2
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, STEVE	5.2 NAME	Kevin O'Day
STREET ADDRESS	590 BLOOMINGTON COURT #2	5.3 STREET ADDRESS	620 Glenwood Ct #84
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
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 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 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: _____ Date: 1/31/96 Daytime Phone #: 407-862-3140

CR2E037 (12/95)