


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01587 (7)**  
1. Corporation Name  
**HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>715 SANDY COURT ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>715 SANDY COURT ALTAMONTE SPRINGS FL 32714-4516 US</b>
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3. Date Incorporated or Qualified <b>02/22/1984</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>59-2887697</b>	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**WITTELS, MARIANNE  
715 SANDY COURT  
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent	
81 Name <b>Dana Johnson</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>715 Sandy Ct</b>	
83 City <b>Altamonte Springs</b>	
84 City <b>FL</b>	85 Zip Code <b>32714</b>

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 **2/26/97**

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>HEMELA, DAVID</b>	<b>-D</b>
STREET ADDRESS <b>105 BRIDGEWAY CIRLCE</b>	
CITY-ST-ZIP <b>LONGWOOD FL 32779</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>COHN, SANDY</b>	
STREET ADDRESS <b>662 YOUNGSTOWN PARKWAY SUITE 204</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>NOLAN, PEGGY</b>	
STREET ADDRESS <b>605 YOUNGSTOWN PARKWAY #31</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>ALLEN, STEVE</b>	<b>D</b>
STREET ADDRESS <b>590 BLOOMINGTON COURT SUITE 2</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>O'DAY, KEVIN</b>	<b>D</b>
STREET ADDRESS <b>620 GLENWOOD COURT SUITE 84</b>	
CITY-ST-ZIP <b>ALTAMONTE SPRINGS FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Allen, Steve</b>
2.4 CITY-ST-ZIP	<b>590 Bloomington Ct #2</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Altamonte Springs, FL 32714</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer</b>
4.3 STREET ADDRESS	<b>Stroth, John</b>
4.4 CITY-ST-ZIP	<b>705 Youngstown Parkway #357</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Altamonte Springs, FL 32714</b>
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: **2/26/97**

CR2E037 (9/96)