

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Aug 26 1998 8:00am  
Secretary of State

DOCUMENT # N01587

(7)

1. Corporation Name

HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

715 SANDY COURT  
ALTAMONTE SPRINGS FL 32714  
US

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ALTAMONTE SPRINGS FL 32714  
US

3. Date Incorporated or Qualified

02/22/1984

4. FEI Number

59-2887697

Applied For

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, DANA  
715 SANDY COURT  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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

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 VPD ☒ DELETE  
NAME ALLEN, STEVE  
STREET ADDRESS 590 BLOOMINGTON CT., #2  
CITY-ST-ZIP LONGWOOD FL

TITLE VP ☒ DELETE  
NAME COHN, SANDY  
STREET ADDRESS 662 YOUNGSTOWN PARKWAY SUITE 204  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE TD ☒ DELETE  
NAME STROTT, JOHN  
STREET ADDRESS 705 YOUNGSTON PARKWAY, #357  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE President ☐ DELETE  
NAME O'DAY, KEVIN  
STREET ADDRESS 620 GLENWOOD COURT SUITE 84  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☒ Change ☐ Addition  
1.2 NAME Peg Nolan  
1.3 STREET ADDRESS 605 Youngstown Pkwy #31  
1.4 CITY-ST-ZIP Alt Springs FL 32714

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME Bobby Hayes  
2.3 STREET ADDRESS 650 Youngstown Pkwy #220  
2.4 CITY-ST-ZIP Alt Springs FL 32714

3.1 TITLE Director ☒ Change ☐ Addition  
3.2 NAME Bernice Higgins  
3.3 STREET ADDRESS 672 Roaring Drive #245  
3.4 CITY-ST-ZIP Alt Springs FL 32714

4.1 TITLE Director ☒ Change ☐ Addition  
4.2 NAME Doreen Overbey  
4.3 STREET ADDRESS 713 Sandy Ct  
4.4 CITY-ST-ZIP Alt Springs FL 32714

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)