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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04730 (0)

1. Corporation Name

HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6623 HIDDEN BEACH CIR.
ORLANDO FL 32819
USP. O. BOX 692292
ORLANDO FL 32869-2292
US3. Date Incorporated or Qualified
08/16/19843a. Date of Last Report
08/14/1996

2. Principal Place of Business

21 6538 Moonshell Ct.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

City & State

27

28

Zip

24 32819

Country

25 USA

Zip

29

Country

30

4. FEI Number

59-2446923

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERBEN, DAVID
118 E ROBINSON ST
ORLANDO FL 32801

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ROSE, GREG
STREET ADDRESS 6538 MOONSHILL CT
CITY-ST-ZIP ORLANDO FL 328191.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE
NAME SANTO, MARTA
STREET ADDRESS 6586 HIDDEN BCH CIR
CITY-ST-ZIP ORLANDO FL 328152.1 TITLE ☐ Change ☒ Addition
2.2 NAME SD
2.3 STREET ADDRESS Dieter, Elizabeth
2.4 CITY-ST-ZIP 6631 Hidden Beach Circle
Orlando, FL 32819TITLE TD ☒ DELETE
NAME CELEIRO, RALPH A
STREET ADDRESS 6501 HIDDEN BCH CIR
CITY-ST-ZIP ORLANDO FL 328193.1 TITLE ☐ Change ☒ Addition
3.2 NAME TD
3.3 STREET ADDRESS Steck, Sue
3.4 CITY-ST-ZIP 6518 Hidden Beach Circle
Orlando, FL 32819TITLE VD ☒ DELETE
NAME CHARMFOROOSH, FARSHAD
STREET ADDRESS 6580 HIDDEN BCH CIR
CITY-ST-ZIP ORLANDO FL 328194.1 TITLE ☐ Change ☒ Addition
4.2 NAME VD
4.3 STREET ADDRESS Cherney, Gerald
4.4 CITY-ST-ZIP 6623 Hidden Beach Circle
Orlando, FL 32819TITLE D ☒ DELETE
NAME HENNESSEY, HERB
STREET ADDRESS 6522 HIDDEN BCH. CIR.
CITY-ST-ZIP ORLANDO FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS Esperanza, Caesar
5.4 CITY-ST-ZIP 6521 Hidden Beach Circle
Orlando, FL 32819TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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:

Sue Steck

1/30/97 407/292-817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Filing Phone # 2046674

CR2E037 (9/96)