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Mar 11, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04730

1. Corporation Name

HIDDEN BEACH HOMEOWNERS' ASSOCIATION, INC.

\* 2 2 2 8 9 7 \*

222097 - 90194 - 33

Principal Place of Business

Mailing Address

6538 MOONSHELL CT  
ORLANDO FL 32819  
US

P.O. BOX 1706  
WINDERMERE FL 34786-1706  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/16/1984

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2446923

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARBEN, 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  
NAME ROSE, GREG  
STREET ADDRESS 6538 MOONSHALL CT  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PD  
BECKY CHERNEY  
6623 HIDDEN BEACH CIR  
ORLANDO, FL. 32819

☒ Change ☐ Addition

TITLE SD  
NAME BARBARA ESPERANZA  
STREET ADDRESS 6521 HIDDEN BEACH CIR  
CITY-ST-ZIP ORLANDO FL 32819

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME STECK, SUE  
STREET ADDRESS 6518 HIDDEN BCH CIR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TD  
LINDA HENNESSEE  
6522 HIDDEN BEACH CIRCLE  
ORLANDO, FL. 32819

☒ Change ☐ Addition

TITLE VD  
NAME CHERNEY, GERALD  
STREET ADDRESS 6623 HIDDEN BCH CIR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

VD  
GERY ROSE  
6538 MOONSHALL CT.  
ORLANDO, FL. 32819

☒ Change ☐ Addition

TITLE D  
NAME ESPERANZA, CAESAR  
STREET ADDRESS 6521 HIDDEN BCH CIR  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)