

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:06

DOCUMENT # N22090 (7)

1. Corporation Name

HIDDEN HILLS COUNTRY CLUB ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3901 MONUMENT ROAD
P.O. BOX 8129 (ZIP-32239-0129)
JACKSONVILLE FL 32225

1950 SULLIVAN ROAD
ATLANTA GA 30337
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1987	3a. Date of Last Report 01/26/1994
4. FEI Number 59-2846707	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name GROFF, DAVE RANDY CRABTREE DAN FIELDS 6151 SUNBEAN ROAD SUITE 49 JACKSONVILLE FL 32257	81 Name Randy Crabtree
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
RICHARD BACON 1950 SULLIVAN RD. ATLANTA GA 30337	8375 Dix Ellis Trail
83	83 Suite 401
84 City	84 City
Jacksonville	Jacksonville
FL	FL
85 Zip Code	85 Zip Code
32256	32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Dan Fields, DST* (NOTE: Registered Agent signature required when replacing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD ☒ Change ☐ Addition
NAME	COHEN, NORMAN S.	1.2 NAME	BACON, RICHARD A.
STREET ADDRESS	1950 SULLIVAN RD.	1.3 STREET ADDRESS	1950 SULLIVAN ROAD
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	ATLANTA GA 30337
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BACON, RICHARD A.	2.2 NAME	GILES, RICK
STREET ADDRESS	1950 SULLIVAN RD.	2.3 STREET ADDRESS	3901 MONUMENT RD
CITY - ST - ZIP	ATLANTA GA	2.4 CITY - ST - ZIP	JACKSONVILLE FL 32226
TITLE	DS	3.1 TITLE	DS DST ☒ Change ☐ Addition
NAME	FIELDS, DAN H.	3.2 NAME	FIELDS
STREET ADDRESS	1950 SULLIVAN RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 110.07(3)(b), 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: *Dan Fields, Secretary* (Signature) (Typed Name)