

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002472 (8)

1. Corporation Name

HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

**3627 UNIVERSITY BLVD.
STE. 800
JACKSONVILLE FL 32216-7404**

**3627 UNIVERSITY BLVD.
STE. 800
JACKSONVILLE FL 32216-7404**

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3308169

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. 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

**BROWN, J. BROOKS
3627 UNIVERSITY BLVD.
STE. 800
MELROSE FL 32216
JACKSONVILLE, FL 32216**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	BROWN, J. BROOKS	3627 UNIVERSITY BLVD.	JACKSONVILLE FL 32216-7404	<input type="checkbox"/>
VD	PENCE, ADELE J	14830 PLUMOSA DR.	JACKSONVILLE BEACH FL 32250	<input type="checkbox"/>
STD	SCOTT, JACK	P.O. BOX 1338 N/A KEYSTONE HEIGHTS FL 32656		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
31	STD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
32	SCOTT, JACK	3627 University Blvd. S. Suite 830	Jacksonville, FL 32216	<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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

BROOKS BROWN

3-6-96

Date:

(904) 391-1202

Daytime Phone #

CR2E037 (12/95)