

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).

FILED  
 Aug 26 1998 8:00am  
 Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N94000002472 (8)**  
 1. Corporation Name  
**HIDDEN HILLS IV PROPERTY OWNERS ASSOCIATION, INC**



|   |  |
|---|--|
| Principal Place of Business<br>3627 UNIVERSITY BLVD.<br>STE 830<br>JACKSONVILLE FL 32216-7404<br>US | Mailing Address<br>3627 UNIVERSITY BLVD.<br>STE. 800<br>JACKSONVILLE FL 32216-7404 |
|---|--|

3. Date Incorporated or Qualified  
**05/16/1994**

4. FEI Number  
**59-3308169**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|  |   |                            |                            |
|--|---|----------------------------|----------------------------|
| 2. Principal Place of Business<br>21 <b>3627 UNIVERSITY BLVD.</b><br>Suite, Apt. #, etc.<br>22 <b>SUITE 840</b><br>City & State<br>23 <b>JACKSONVILLE, FL.</b><br>Zip<br>24 <b>32216</b> | 2a. Mailing Address<br>26 <b>3627 UNIVERSITY BLVD.</b><br>Suite, Apt. #, etc.<br>27 <b>SUITE 840</b><br>City & State<br>28 <b>JACKSONVILLE, FL.</b><br>Zip<br>29 <b>32216</b> | Country<br>25 <b>DUVAL</b> | Country<br>30 <b>DUVAL</b> |
|--|---|----------------------------|----------------------------|

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

9. Name and Address of Current Registered Agent  
**BROWN, J. BROOKS**  
**3627 UNIVERSITY BLVD.**  
**STE. 800**  
**MELROSE FL 32216**

10. Name and Address of New Registered Agent

|   |                                  |             |              |
|---|----------------------------------|-------------|--------------|
| 81 Name   | <b>TIMOTHY W. REINSCHMIDT</b>    |             |              |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>3627 UNIVERSITY BLVD., S.</b> |             |              |
| 83  | <b>SUITE 840</b>                 |             |              |
| 84 City   | <b>JACKSONVILLE</b>              | 85 State    | <b>FL</b>    |
|   |                                  | 86 Zip Code | <b>32216</b> |

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 *Timothy W. Reinschmidt* **TIMOTHY W. REINSCHMIDT** DATE **7/15/98**

Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |  |  |
|----------------|--|--|
| TITLE          | <b>PD</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BROWN, J. BROOKS</b>                |  |
| STREET ADDRESS | <b>3627 UNIVERSITY BLVD.</b>           |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL 32216-7404</b>      |  |
| TITLE          | <b>VD</b>                              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>PENCE, ADELE J</b>                  |  |
| STREET ADDRESS | <b>14830 PLUMOSA DR.</b>               |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE BEACH FL 32250</b>     |  |
| TITLE          | <b>STD</b>                             | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SCOTT, JACK</b>                     |  |
| STREET ADDRESS | <b>3627 UNIVERSITY BLVD S, STE 830</b> |  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>                 |  |
| TITLE          |  | <input type="checkbox"/> DELETE            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |
| TITLE          |  | <input type="checkbox"/> DELETE            |
| NAME           |  |  |
| STREET ADDRESS |  |  |
| CITY-ST-ZIP    |  |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                       |  |
|--------------------|---------------------------------------|--|
| 1.1 TITLE          | <b>D</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>ROGER CRASE</b>                    |  |
| 1.3 STREET ADDRESS | <b>4542 SE 3rd PLACE</b>              |  |
| 1.4 CITY-ST-ZIP    | <b>KEYSTONE HEIGHTS, FL. 32656</b>    |  |
| 2.1 TITLE          | <b>D</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>JACK DABNEY</b>                    |  |
| 2.3 STREET ADDRESS | <b>4398 SE 1st AVENUE</b>             |  |
| 2.4 CITY-ST-ZIP    | <b>KEYSTONE HEIGHTS, FL. 32656</b>    |  |
| 3.1 TITLE          | <b>D</b>                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>TIMOTHY W. REINSCHMIDT</b>         |  |
| 3.3 STREET ADDRESS | <b>3627 UNIVERSITY BLVD., STE 840</b> |  |
| 3.4 CITY-ST-ZIP    | <b>JACKSONVILLE, FL. 32216</b>        |  |
| 4.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                       |  |
| 4.3 STREET ADDRESS |                                       |  |
| 4.4 CITY-ST-ZIP    |                                       |  |
| 5.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                       |  |
| 5.3 STREET ADDRESS |                                       |  |
| 5.4 CITY-ST-ZIP    |                                       |  |
| 6.1 TITLE          |                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Timothy W. Reinschmidt* DATE: **7/15/98** (904) 391-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)