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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003302 (4)

1. Corporation Name

HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business

Mailing Address

35 FAIRGREEN AVENUE
NEW SMYRNA BEACH FL 32168

35 FAIRGREEN AVENUE
NEW SMYRNA BEACH FL 32168-6198

3. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report
N.A.

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3422274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

PETERSON, SID C JR.
418 CANAL STREET
NEW SMYRNA BEACH FL 32168

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	DP	<input type="checkbox"/> DELETE
NAME	MARCEAU, GERARD	
STREET ADDRESS	4 BIRDIE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALSH, JAMES	
STREET ADDRESS	102 GOLF CLUB DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, ROBERT	
STREET ADDRESS	24 LAUGHING GULL LANE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIENSEMA, LUKEN	
STREET ADDRESS	404 BOUCHELLE DRIVE #202	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRISON, JAMES	
STREET ADDRESS	316 CITRUS OPEN DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAILEY, STEPHEN	
STREET ADDRESS	125 NEW HAMPSHIRE STREET	
CITY-ST-ZIP	EDGEWATER FL 32132	

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BAILEY, STEPHEN	
1.3 STREET ADDRESS	125 NEW HAMPSHIRE STREET	
1.4 CITY-ST-ZIP	EDGEWATER FL 32132	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MURDOCH, JOHN	
2.3 STREET ADDRESS	11 PAR DRIVE	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WHITMAN, JOHN	
3.3 STREET ADDRESS	715 FAIRWAY DRIVE	
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RYLWIN, GEORGE	
4.3 STREET ADDRESS	6215 PINE STREET	
4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FLESHER, JAMES	
5.3 STREET ADDRESS	814 E. 26TH AVE.	
5.4 CITY-ST-ZIP	NEW SMYRNA BEACH	
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 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:

RIENSEMA (LUKEN)

2/24/97 (904)427-5996

CR2E037 (9/96)