


FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003302 (4)**

1. Corporation Name
HIDDEN LAKES MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168	Mailing Address 35 FAIRGREEN AVENUE NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified 06/17/1996	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3422274		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<input type="checkbox"/>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	BAILEY, STEPHEN	
STREET ADDRESS	125 NEW HAMPSHIRE ST	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALSH, JAMES	
STREET ADDRESS	102 GOLF CLUB DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURDOCH, JOHN	
STREET ADDRESS	11 PAR DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RIENSEMA, LUKEN	
STREET ADDRESS	404 BOUCHELLE DRIVE #202-201 GOLF CLUB DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169 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	WHITMAN, JOHN	
STREET ADDRESS	715 FAIRWAY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MARCEAU, GERARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	4 BIRDIE DRIVE	
1.3 STREET ADDRESS	NEW SMYRNA BEACH FL 32168	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AYLWIN, GEORGE	
2.3 STREET ADDRESS	621 S. PINE STREET	
2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32164	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FLESHER, JAMES	
3.3 STREET ADDRESS	814 E. 26TH AVE	
3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32164	
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: *[Signature]* RIESENMA, LUKEN Date: 1/6/98 Daytime Phone # (904) 427-5996

CR2E037 (10/97)