

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N08128 (3)

1. Corporation Name

HIDDEN LAKE OWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/13/1985** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2698301** 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

Principal Place of Business

**7304 NW 21ST WAY
GAINESVILLE FL 32606**

Mailing Address

**7304 NW 21ST WAY
GAINESVILLE FL 32606**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JAMES, ROBERT
7322 NW 21ST COURT
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

Mattson, Kermit

82 Street Address (P.O. Box Number is Not Acceptable)

7410 NW 21st Way

83

84 City

Gainesville

FL

85 Zip Code

32653

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 to 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

Kermit Mattson

Kermit Mattson

4/10/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMES, ROBERT
STREET ADDRESS	7322 NW 21ST COURT
CITY - ST - ZIP	GAINESVILLE FL
TITLE	VPD
NAME	MATTSON, BILL
STREET ADDRESS	7324 NW 21ST WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	TD
NAME	MATTSON, KERMIT
STREET ADDRESS	7410 NW 21ST WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	SD
NAME	RIDDLE, PATRICIA
STREET ADDRESS	7321 NW 21ST WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	DD
NAME	ODDO, PETER
STREET ADDRESS	7317 NW 21ST WAY
CITY - ST - ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	☒ Change ☐ Addition
1.2 NAME	Mattson, Kermit	
1.3 STREET ADDRESS	7410 NW 21st Way	
1.4 CITY - ST - ZIP	Gainesville, FL 32653	
2.1 TITLE	Vice President/D	☒ Change ☐ Addition
2.2 NAME	Wickham, David	
2.3 STREET ADDRESS	7314 NW 21st Ct.	
2.4 CITY - ST - ZIP	Gainesville, FL 32653	
3.1 TITLE	Treasurer/D	☒ Change ☐ Addition
3.2 NAME	Kasnic, Martha L.	
3.3 STREET ADDRESS	7303 NW 21st Way	
3.4 CITY - ST - ZIP	Gainesville, FL 32653	
4.1 TITLE	Secretary/D	☒ Change ☐ Addition
4.2 NAME	Mattson, Barbara L.	
4.3 STREET ADDRESS	7324 NW 21st Way	
4.4 CITY - ST - ZIP	Gainesville, FL 32653	
5.1 TITLE	Director/D	☒ Change ☐ Addition
5.2 NAME	Boudrot, John	
5.3 STREET ADDRESS	7405 NW 21st Way	
5.4 CITY - ST - ZIP	Gainesville, FL 32653	
6.1 TITLE		☐ Change ☐ 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 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:

Kermit Mattson
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95

(904) 335-7224