FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # N94000004388 (4)

1. Corporation Name
HIDDEN HAVEN II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3357 HIDDEN HAVEN CT TAMPA FL 33607	3357 HIDDEN HAVEN CT TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1994
3a. Date of Last Report: 09/08/1994
4. FEI Number: 592719987 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

CICCARELLO, RENE A
3355 HIDDEN HAVEN CT
TAMPA FL 33607

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	SD	X Change ☐ Addition
NAME	CICCARELLO, RENE A	12 NAME	COLLINS, THERESE	
STREET ADDRESS	3355 HIDDEN HAVEN CT	13 STREET ADDRESS	3357 HIDDEN HAVEN CT.	
CITY-ST-ZIP	TAMPA FL 33607	14 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	VD	21 TITLE	TD	☐ Change X Addition
NAME	WHIGHAM, BETTY	22 NAME	CICCARELLO, JUDY	
STREET ADDRESS	3354 HIDDEN HAVEN CT	23 STREET ADDRESS	7708 N. OLA AVE.	
CITY-ST-ZIP	TAMPA FL 33607	24 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	STD	31 TITLE	D	☐ Change X Addition
NAME	COLLINS, THERESE	32 NAME	CARTER, MARILYN	
STREET ADDRESS	3357 HIDDEN HAVEN CT	33 STREET ADDRESS	3356 HIDDEN HAVEN CT.	
CITY-ST-ZIP	TAMPA FL 33607	34 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	41 TITLE	D	☐ Change X Addition
NAME	WILSON, SCOTT	42 NAME	WOODARD, JO	
STREET ADDRESS	3361 HIDDEN HAVEN CT	43 STREET ADDRESS	3367 HIDDEN HAVEN CT.	
CITY-ST-ZIP	TAMPA FL 33607	44 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	51 TITLE	DELETE	X Change ☐ Addition
NAME	RODGERS, WILLIAM	52 NAME	WILSON, SCOTT	
STREET ADDRESS	3365 HIDDEN HAVEN CT	53 STREET ADDRESS	3361 HIDDEN HAVEN CT.	
CITY-ST-ZIP	TAMPA FL 33607	54 CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	D	61 TITLE	DELETE	X Change ☐ Addition
NAME	CHAMBLISS, FLAKE	62 NAME	CHAMBLISS, FLAKE	
STREET ADDRESS	3354 HIDDEN HAVEN CT	63 STREET ADDRESS	3354 HIDDEN HAVEN CT.	
CITY-ST-ZIP	TAMPA FL 33607	64 CITY-ST-ZIP	TAMPA, FL 33607	

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)(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] 5/25/95 813-876-3969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rene' A. Ciccarello

0083800