


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08590 (4)					
1. Corporation Name HIDDEN SPRINGS / ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 692001 ORLANDO FL 32869-2001 US			Mailing Address P.O. BOX 692001 ORLANDO FL 32869-2001 US		

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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/08/1985		3a. Date of Last Report 04/14/1995	
4. FEI Number 59-3035323		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HEARST, ROBERT J 5167 HIDDEN SPRINGS BLVD. ORLANDO FL 32819				10. Name and Address of New Registered Agent 81 Name JOHN A. MacDONALD 82 Street Address (P.O. Box Number is Not Acceptable) 5436 SPLIT PINE COURT 83 84 City ORLANDO FL 85 Zip Code 32819-7112			
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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 *John A. Mac Donald* **TREASURER** 12 FEB 96
 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	1.1 TITLE	D	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEARST, ROBERT J		1.2 NAME		AMY HARNED		
STREET ADDRESS	5167 HIDDEN SPRINGS BLVD.		1.3 STREET ADDRESS		5741 SAGO PALM DRIVE		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		ORLANDO, FL 32819		
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	D	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNOSKE, STEVEN		2.2 NAME		ROSEANNE VEZZI		
STREET ADDRESS	6024 PITCH PINE DRIVE		2.3 STREET ADDRESS		5922 PITCH PINE DRIVE		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		ORLANDO, FL 32819		
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE	D	MACDONALD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDONALD, JOHN A		3.2 NAME				
STREET ADDRESS	5436 SPLIT PINE COURT		3.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		32819-7112		
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	D	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAL, WESLEY		4.2 NAME		SARAH BRONOS		
STREET ADDRESS	5525 SAGO PALM DRIVE		4.3 STREET ADDRESS		7718 WHITE ASH STREET		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		ORLANDO, FL 32819		
TITLE	DS	<input type="checkbox"/> DELETE	5.1 TITLE	D		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPERNY, JANICE		5.2 NAME				
STREET ADDRESS	5609 PITCH PINE DRIVE		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		32819		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 119.07(3)(k), 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: *John A. Mac Donald* 12 FEB 96 (407)363-9613
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)