

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N08128 (3)

1. Corporation Name

HIDDEN LAKE OWNERS' ASSOCIATION, INC.

Principal Place of Business

7304 NW 21ST WAY
GAINESVILLE FL 32606

Mailing Address

7304 NW 21ST WAY
GAINESVILLE FL ~~32606~~ **32653**



3. Date Incorporated or Qualified
03/13/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **7304 NW 21ST WAY**

22 City & State

27 Suite, Apt. #, etc.
28 **GAINESVILLE FL**

23 Zip Country

29 **32653** 30

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MATTSON, KERMIT
7410 NW. 21ST WAY
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81 Name **PATRICIA L. RIDDLE**

82 Street Address (P.O. Box Number is Not Acceptable)
7331 NW 21ST WAY

83

84 City **GAINESVILLE**

FL

85 Zip Code **32653**

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 **PATRICIA L. RIDDLE**

Signature, typed or printed name of registered agent and title if applicable.

Patricia L. Riddle

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **PD MATTSON, KERMIT**
STREET ADDRESS **7410 NW 21ST WAY**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **VPD WICKHAM, DAVID**
STREET ADDRESS **7314 NW 21ST CT**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME **TD KASNIC, MARTHA L**
STREET ADDRESS **7303 NW 21ST WAY**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE
NAME **SD MATTSON, BARBARA L**
STREET ADDRESS **7324 NW 21ST WAY**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☒ DELETE
NAME **DD BOUDROT, JOHN**
STREET ADDRESS **7405 NW 21ST WAY**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **PATRICIA L. RIDDLE**
1.3 STREET ADDRESS **7331 NW 21ST WAY**
1.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

2.1 TITLE **VICE-PRESIDENT** ☐ Change ☐ Addition
2.2 NAME **DAVID WICKHAM**
2.3 STREET ADDRESS **7314 NW 21ST CT.**
2.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

3.1 TITLE **TREASURER** ☐ Change ☐ Addition
3.2 NAME **TD MARTHA L. KASNIC**
3.3 STREET ADDRESS **7303 NW 21ST WAY**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

4.1 TITLE **SECRETARY** ☒ Change ☐ Addition
4.2 NAME **SD GAYLYNN EDWARDS**
4.3 STREET ADDRESS **2132 NW 74TH PL**
4.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
5.2 NAME **DD JOHN GIBSON**
5.3 STREET ADDRESS **2123 NW 72nd PL**
5.4 CITY-ST-ZIP **GAINESVILLE, FL 32653**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **Bank deposit \$61.25**

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: *Martha L. Kasnic* **Martha L. Kasnic**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (352) 373-5060

Date

Daytime Phone #

CR2E037 (12/95)