


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 759353 (6)</b> 1. Corporation Name <b>HIDDEN LAKE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.</b>			
Principal Place of Business <b>1212 COURT ST. SUITE B CLEARWATER FL 34616</b>		Mailing Address <b>1212 COURT ST. SUITE B CLEARWATER FL 34616-3004</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
3. Date Incorporated or Qualified <b>07/28/1981</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2317533</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>MEZER, STEVEN H. PA 1212 COURT STREET, STE B CLEARWATER FL 34616</b>		10. Name and Address of New Registered Agent <b>61</b> Name <b>62</b> Street Address (P.O. Box Number is Not Acceptable) <b>63</b> <b>64</b> City <b>FL</b> <b>65</b> Zip Code	
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)			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	O'SHEA, DENNIS		
STREET ADDRESS	2780 WINDING WAY		
CITY-ST-ZIP	PALM HARBOR FL		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	WRIGHT, WILLIAM		
STREET ADDRESS	2160 HIDDEN LAKE DR		
CITY-ST-ZIP	PALM HARBOR FL 34683		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ARMSTRONG, THOMAS		
STREET ADDRESS	1183 RIDGECREST CT.		
CITY-ST-ZIP	PALM HARBOR FL		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	MAIOLIE, RAYMOND		
STREET ADDRESS	2138 HIDDEN LAKE DR		
CITY-ST-ZIP	PALM HARBOR FL 34683		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	PETLEV, LEN		
STREET ADDRESS	1123 NORTHRIDGE DRIVE		
CITY-ST-ZIP	PALM HARBOR FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	WEINSTEIN, SHARON		
STREET ADDRESS	2377 HIDDEN LAKE DR		
CITY-ST-ZIP	PALM HARBOR FL 34683		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	ROBERT GASSEL		
2.3 STREET ADDRESS	1970 HIDDEN LAKE DR.		
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	LEONARD PETLEV		
4.3 STREET ADDRESS	1123 NORTHRIDGE DR.		
4.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	ROBERT PERRY		
5.3 STREET ADDRESS	2580 ROLLING OAKS DR.		
5.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683		
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	MILORID TOMISMAN		
6.3 STREET ADDRESS	1974 HIDDEN LAKE DR		
6.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683		
14. I do 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: <i>Leonard Petlev</i> <b>LEONARD PETLEV (TREASURER)</b> 4/22/97 813 787-6054			

CR2E037 (9/96)