FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 31 PM 2:09

DOCUMENT # **674929** **(5)**

1. Corporation Name
HIDDEN VALLEY MOBILE HOME PARK, INC.

Principal Place of Business	Mailing Address
8950 POLYNESIAN LANE ORLANDO FL 32836 US	8950 POLYNESIAN LANE ORLANDO FL 32836 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/25/1980
3a. Date of Last Report: 02/22/1994

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

4. FEI Number: 59-2006795 ☐ 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

TERICK, ALEX
6451 PARSON BROWN DR.
ORLANDO FL 32819

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	KASPER, BENJAMIN	1.2 NAME		
STREET ADDRESS	8925 CHARLESTON ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D-P	☒ Change ☐ Addition
NAME	KASPER, SANDERINA	2.2 NAME	KASPER, SANDERINA	
STREET ADDRESS	8925 CHARLESTON ST.	2.3 STREET ADDRESS	8925 CHARLESTON ST.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL	
TITLE	V	3.1 TITLE	D-VP	☒ Change ☐ Addition
NAME	KASPER, RICHARD J.	3.2 NAME	KASPER, RICHARD J	
STREET ADDRESS	392 NORTH COUNTRY RD.	3.3 STREET ADDRESS	392 NORTH COUNTRY RD	
CITY-ST-ZIP	SMITHTOWN N.	3.4 CITY-ST-ZIP	SMITHTOWN, N.Y.	
TITLE	ST	4.1 TITLE	D-S	☒ Change ☐ Addition
NAME	TERICK, ALEX	4.2 NAME	TERICK, ALEX	
STREET ADDRESS	6451 PARSON BROWN DR.	4.3 STREET ADDRESS	6451 PARSON BROWN DR.	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE		5.1 TITLE	T	☒ Change ☐ Addition
NAME		5.2 NAME	TERICK, REGINA	
STREET ADDRESS		5.3 STREET ADDRESS	6451 PARSON BROWN DR	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ORLANDO, FL.	
TITLE		6.1 TITLE		☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alex Terick Cathy Terick 1/27/95 407-239-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068160 CP