## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT #

721496

(8)

HIDDEN LAKE HOMEOWNERS ASSOCIATION, INC.										
Principal Place of Business Mailing Address										
770 W. 80 ST. 770 W. 80 ST. HIALEAH FL 33014-4132						i A Fu				
						3. Date incorporated or Qui 08/10/1971		ast Report //1996		
2. Principal Place of Business 2a. Mailing Address 21 28			dress			4. FEI Number NOT APPLICAB	LE	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #. etc.			5. Certificate of Status Desi		75 Additional se Required		
City & State		City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zφ	Country Zip 25 29 30		Country			8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes  No				
24	9. Name and Address of Current Registered Agent			<u>'</u>		10. Name and Address of New Registered Agent				
81										
Rodriguez, Bertha				62	Stroot A	ddress (P.O. Box Number is Not Ac	nontable)			
770 W. 80 ST.				62	DU BBL M	adress (P.O. Box Number is Not Acceptable)				
HIALEAH FL 33014			B3			. 8				
				84	City		FL  85	Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-						corporation submits this statement f	or the purpose of chang	ing its registered		
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 objigations of Section 617.0503, Florida Statutes.										
SIGNATURE -	- Leven .	. M.X				equired when reinstating)	6197			
40	Signature, typed or printed name of registered age		(NOTE: P		nt signature r	equired when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND DIREC	OTODS IN 12		
12. TITLE	OFFICERS AND		DELETE	13.		ADDITIONS/CHANGES IN	Chi			
NAME	MARTINEZ, ALEX He re	A	`n	1.2 NAME						
STREET ADDRESS	655 W. 77 ST. how work tempor by		אמא לטצי	1.3 STREET ADDRESS						
CITY-ST-ZIP	HIALEAH FL WATI LOW STECTION			1.4 CITY - ST - ZIP				ì		
TITLE			2.1 TITLE			☐ Cha	ange Addition			
NAME	VIDAL, LEONARD			2.2 NAME	İ					
STREET ADDRESS	7860 W. 6TH AVE.			2.3 STREET	ADDRESS		•			
CITY-ST-ZIP	HIALEAH FL 33014			2.4 CITY-5	ST-ZIP					
TITLE	SD		DELETE	3.1 TITLE			☐ Cha	ange 🔲 Addition		
NAME	TOLEDO, MARIA E			3.2 NAME		•				
STREET ADDRESS	7800 W. 6TH AVE.			3.3 STREET	ADDRESS		•	· l		
CHY-S1-ZIP	HIALEAH FL 33014		OC LETE	3.4. CITY - 5	57-21P					
TITLE	TD DODDOUEZ DEDTILL	Ц	DELETE	4.1 TITLE			Chi	ange 🔲 Addition		
NAME	RODRIGUEZ, BERTHA			4.2 NAME	ADDDCCC		•	ļ		
STREET ADDRESS	770 W. 80 ST. HIALEAH FL 33014			4.3 STREET						
CITY-ST-ZIP TITLE	HINLENH FL 33014	П	DELETE	4.4 CITY-S 5.1 TITLE	1 - ZIP		☐ Cha	ange		
NAME		h		5.2 NAME	ļ		VIII			
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-S	1					
TITLE			DELETE	6.1 TITLE			☐ Cha	ange Addition		

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 ennual 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

May 19 1997 8:00am

Secretary of State