

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 29 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747213** (7)
1. Corporation Name
HIDDEN BAY VILLAS ASSOCIATION, INC.

Principal Place of Business Mailing Address
7310 34TH ST S ST PETE FL 33711 **7310 34TH ST S ST PETE FL 33711**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1979	3a. Date of Last Report 07/22/1994
4. FBI Number 59-2124427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HEISTAND, PAUL K
221 2ND AVE N
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	D
NAME	HOWARD, MARIBETH K.
STREET ADDRESS	227 COLONY PT. ROAD, SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VD
NAME	MILLER, RICHARD
STREET ADDRESS	7300 34TH STREET, SOUTH, SUITE 202
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	HOWSON, PEGGY
STREET ADDRESS	7310 34TH STREET SOUTH, SUITE 311
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	PD
NAME	MANGO, MIKE
STREET ADDRESS	7310 34TH ST S #219
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TSD
NAME	QUINN, JANELLE
STREET ADDRESS	7310 34TH STREET SOUTH, SUITE 212
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	33705
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	#203
2.4 CITY - ST - ZIP	33711
3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EILEEN K. WYNNE
3.3 STREET ADDRESS	7300 34th Street South, #110
3.4 CITY - ST - ZIP	33711
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD RICHARD RONALD BENEDETTI
4.3 STREET ADDRESS	7300 34th St. So. #107
4.4 CITY - ST - ZIP	33711
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33711
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *Janelle Quinn* **Janelle Quinn, Secretary** 3/27/95 813-867-5598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #