

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 747213 (7)

1. Corporation Name
HIDDEN BAY VILLAS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/17/1979
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business: 7310 Sunshine Skyway Ln
2a. Mailing Address: 7310 Sunshine Skyway Ln S

4. FEI Number: 59-2124427
Applied For: Not Applicable

22. City & State: St Petersburg FL
27. City & State: St Petersburg FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip: 33711
28. Zip: 33711

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Country: [Blank]
29. Country: [Blank]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: Rolfe D Duggar
82 Street Address (P.O. Box Number is Not Acceptable): 4699 Central Avenue
83 [Blank]
84 City: St Petersburg FL
85 Zip Code: 33713

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rolfe D Duggar*
Signature, typed or printed name of registered agent and title if applicable: Rolfe D Duggar Attorney at Law
DATE: 04-30-96
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, MARIBETH K.	
STREET ADDRESS	227 COLONY PT. ROAD, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, RICHARD	
STREET ADDRESS	7300 34TH STREET, SOUTH, SUITE 203	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WYNNE, EILEEN K	
STREET ADDRESS	7300 34TH STREET SOUTH, #110	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENEDETTI, RICHARD	
STREET ADDRESS	7300 34TH ST. SO. #107	
CITY-ST-ZIP	ST.PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	QUINN, JANELLE	
STREET ADDRESS	7310 34TH STREET SOUTH, SUITE 212	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Argue B Dickerson	
1.3 STREET ADDRESS	7310 Sunshine Skyway Ln S #112	
1.4 CITY-ST-ZIP	St Petersburg FL 33711	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christa G Arena	
2.3 STREET ADDRESS	7310 Sunshine Skyway Ln S #219	
2.4 CITY-ST-ZIP	St Petersburg FL 33711	
3.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Deloris B Norton	
3.3 STREET ADDRESS	7300 Sunshine Skyway Ln S #103	
3.4 CITY-ST-ZIP	St Petersburg FL 33711	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Phoebe E Copes	
4.3 STREET ADDRESS	7300 Sunshine Skyway Ln S #104	
4.4 CITY-ST-ZIP	St Petersburg FL 33711	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Richard Benedetti	
5.3 STREET ADDRESS	7300 Sunshine Skyway Ln S #107	
5.4 CITY-ST-ZIP	St Petersburg FL 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 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: *Deloris B Norton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Deloris B Norton, Secretary/Treasurer
Date: 04-30-96 Daytime Phone #

CR2E037 (12/95)