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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747213** (7)
1. Corporation Name
HIDDEN BAY VILLAS ASSOCIATION, INC.



Principal Place of Business 7310 SUNSHINE SKYWAY LANE S ST PETE FL 33711 US	Mailing Address 7310 SUNSHINE SKYWAY LANE SOUTH ST PETE FL 33711 US
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3. Date Incorporated or Qualified 05/17/1979		
4. FEI Number 59-2124427	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent DUGGAR, ROLFE D. 4609 CENTRAL AVENUE 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 FL
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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 _____ 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKERSON, ARGUE	1.2 NAME	XXXXXXXXXXXXXXXXXX
STREET ADDRESS	7310 SUNSHINE SKYWAY LANE SOUTH #112	1.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXX
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	XXXXXXXXXXXXXXXXXX
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARENA, CHRISTA	2.2 NAME	Karen Brekke
STREET ADDRESS	7310 SUNSHINE SKYWAY LANE SOUTH #219	2.3 STREET ADDRESS	7310 Sunshine Skyway Ln S #217
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St Petersburg FL
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, DELORIS	3.2 NAME	Scott Wood
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE S #103	3.3 STREET ADDRESS	7300 Sunshine Skyway Ln South #209
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St Petersburg FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPE, PHOEBE	4.2 NAME	Sandra Whiteley
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE S #104	4.3 STREET ADDRESS	7300 Sunshine Skyway Ln S #206
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St Petersburg FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDETTI, RICHARD	5.2 NAME	
STREET ADDRESS	7300 SUNSHINE SKYWAY LANE SOUTH #107	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* Deloris B Norton 04-06-98 813-864-4068

CFR2037 (10/97)