FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **756589** **(8)**

1. Corporation Name

HIDDEN WATERS CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2786 QUAILS NEST DRIVE GREEN COVE SPRINGS FL 32043	2786 QUAILS NEST DRIVE GREEN COVE SPRINGS FL 32043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2295460 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

MCCLELLAN, RUTH M.
2202 HIDDEN WATERS DR E.
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

31 Name: MCCLELLAN, RUTH
32 Street Address (P.O. Box Number is Not Acceptable): 2202
33: HIDDEN WATERS DR. E.
34 City: GREEN COVE SPRINGS FL 35 Zip Code: 32043

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: Ruth M. McClellan — 04/03/95 (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	VD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	PEACOCK, SARA	1.2 NAME	SLOCUM, BETTY	
STREET ADDRESS	2734 QUAILS NEST DR	1.3 STREET ADDRESS	2239 HIDDEN WATERS DRW.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	BREWER, BETTY	2.2 NAME	PEACOCK, SARA	
STREET ADDRESS	2189 HIDDEN WATERS DR W	2.3 STREET ADDRESS	2736 QUAILS NEST DR.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	2.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	TROTTER, JOELLEN	3.2 NAME	CAILLE, HELEN	
STREET ADDRESS	2744 WOODPECKER RD	3.3 STREET ADDRESS	2744 WOODPECKER RD.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	3.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	
TITLE	CD	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	CROW, FRANKLIN	4.2 NAME	DICKSON, WALLACE	
STREET ADDRESS	2207 HIDDEN WATERS DR W	4.3 STREET ADDRESS	2190 HIDDEN WATERS DR. E.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	4.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	
TITLE	SD	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	HURT, BUFORD W.	5.2 NAME	HURT, BUFORD W.	
STREET ADDRESS	2254 HIDDEN WATERS DR W.	5.3 STREET ADDRESS	2254 HIDDEN WATERS DR. W.	
CITY-ST-ZIP	GREEN COVE SPRGS FL	5.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	
TITLE	D	6.1 TITLE	D	☐ Change ☐ Addition
NAME	POPOUR, MARIE	6.2 NAME	POPOUR, MARIE	
STREET ADDRESS	2191 HIDDEN WATERS DR E.	6.3 STREET ADDRESS	2191 HIDDEN WATERS DR. E.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	6.4 CITY-ST-ZIP	GREEN COVE SPRINGS, FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption contained in Section 119, 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: Helen M. Caille — 4/3/95 (Date) — 904-291-1941 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Helen M. Caille

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