


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754589 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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/03/1981	04/22/96
State, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2295460	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	29	<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Country	Country	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARVER, GENE 2750 HIDDEN WATERS DR N GREEN COVE SPRINGS FL 32043-9456		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 GENE CARVER, PRESIDENT		DATE 04/28/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDORF, IVAN	1.2 NAME	
STREET ADDRESS	2240 HIDDEN WATERS DR W	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLELLAN RUTH	2.2 NAME	
STREET ADDRESS	2202 HIDDEN WATERS DR E	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAILLE, HELEN	3.2 NAME	
STREET ADDRESS	2744 WOODPECKER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMAY, THOMAS	4.2 NAME	
STREET ADDRESS	2226 HIDDEN WATERS DR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURT, BUFORD W	5.2 NAME	
STREET ADDRESS	2254 HIDDEN WATERS DR W	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACHE, AL	6.2 NAME	
STREET ADDRESS	2744 QUAILS NEST DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043-9456	6.4 CITY-ST-ZIP	
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 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.		400002170044 -05/07/97--01093--080 ***61.25	
SIGNATURE: HELEN M. CAILLE		DATE 04/28/97 (904) 291-1941	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
HELEN CAILLE, TREASURER			

CR2E037 (9/96)