B 5562 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

756589

(8)

HIDDEN WATERS CIVIC ASSOCIATION, INC.						1 1 84 010 1 818) 6 334 6 101	. Amai 2020 (1011 0101)	OLON ONOM BJÖR O		
D	•	54.10° A	14							
Principal Place of Business		Malling A	Malling Address							
2786 QUAILS NEST DRIVE 2786 QUAILS NEST DRIVE GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043				32043		3. Date Incorporated or Qualified 03/03/1981				
1							4. FEI Number		A	oplied For
2. Principal Place of B	husinans	2a Mailin	a Addropa				59-2295460			ot Applicable
21		F	2a. Mailing Address			5. Certificate of Status De	esired		Additional equired	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			6. Election Campaign Fin	ancing	\$5.00		
22		27			Trust Fund Contribution	n 🔲	Added t			
City & State		-	City & State			7. Is this nonprofit corpor	_		n?	
Zip Country			Zip Country				Yes No 8. This corporation owes or has paid the current year Intangible			
24	25	29		30			Personal Property Tax	•] No
9, Na	ame and Address of Curren	t Registered /	lgent				10. Name and Address o	f New Registers	d Agent	
					81	Name				
CARVER, GENE					82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
2750 HIDDEN WATER DR N GREEN COVE SPRINGS FL 32043				63						
GREEN COTE S	3FT411403 FL 32043			L	\perp					
				ľ	84	City		F	L 85 Zip	Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute 							oration submits this statemention's board of directors. I here	t for the purpose by accept the a	of changing i	ts registered registered
	ar with, and accept the obliga	itions of, Section	on 617.0503, Flo	xida Statu	Jtes.					
SIGNATURE	typed or printed name of registered age	nt and title if applica	tile (NOT)	E: Registered	Agen	d signature requir	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS		13.	·		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE VD			DELETE	1.1 TIT	LΕ	SI			Change	X Addition
	WENDORF, IVAN			1.2 NA			ARMER, RHONDA			
STREET ADDRESS 2240 HIDDEN WATER DR W			1.3 STF			270 HIDDEN WATER:	S DR W		i	
	EN COVE SPRGS FL 320	43-9456	EZ DELETE	1.4 CIT			REEN COVE SPRGS	<u>FL 32043-</u>		
TITLE SD	UCIIAN DITU		X DELETE	2.1 1111		SI			X Change	☐ Addition
1 0000	LELLAN, RUTH HIDDEN WATER DR E			2.2 NAJ			OLDER, LYNN			
ODE	EN COVE SPRGS FL 320	43.0458					250 HIDDEN WATER		0.456	
CITY-ST-ZIP GREE	CIT OUTE OF HOUTE OF	10.0400	DELETE	2. 4 C() 3.1 T()		1-ZIP (3)	REEN COVE SPRGS	FL 43043-	9456 ☐ Change	Addition
	LE. HELEN			3.2 NA						
	WOODPECKER RD			1	_	ADDRESS				}
	EN COVE SPRGS FL 320	43-9456		3.4. Cff		1				
TITLE SD			DELETE	4.1 Tm					Change	Addition
NAME LEMA	AY THOMAS			4. 2 NA	ME	1				
STREET ADDRESS 2226	HIDDEN WATERS DR E			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP GREE	en cove sprgs fl 320	42.045R		4.4 CIT	Y-ST-	- ZIP				
	en cove of hos it see	70.0120	· · · - · · · · · · · · · · · · · · · ·							
TITLE SD		10 0100	DELETE	5.1 TIT	L€				Change	□ Addition
NAME HUR	T, BUFORD W		DELETE	5.1 Titl 5.2 NAI					Change	∐ Addition
NAME HUR'S STREET ADDRESS 2254	T, BUFORD W HIDDEN WATERS DR W	•	DELETE	5.2 NA	ME	ODRESS			Change	L. Addition
NAME HUR'S STREET ADDRESS 2254 CITY-SI-ZIP GREE	T, BUFORD W	•		5.2 NAM 5.3 STR 5.4 CIT	ME REET A Y-ST-					
NAME HUR STREET ADDRESS CITY-SI-ZIP GREE TITLE SD	T, BUFORD W HIDDEN WATERS DR W. EN COVE SPRGS FL 320	•	DELETE DELETE	5.2 NAF 5.3 STR 5.4 CIT 6.1 TITE	ME REET A Y-ST- LE				☐ Change	Addition Addition
NAME HUR STREET ADDRESS CITY-SI-ZIP GREI TITLE SD NAME BLAC	T, BUFORD W HIDDEN WATERS DR W EN COVE SPRGS FL 320 CHE AL	•		5.2 NAF 5.3 STR 5.4 CIT 6.1 TITE 6.2 NAF	ME REET A Y-ST- LE ME	- ZIP				
NAME HUR'STREET ADDRESS CITY-SI-ZIP GREET ADDRESS BLACKSTREET ADDRESS 2774	T, BUFORD W HIDDEN WATERS DR W. EN COVE SPRGS FL 320	43-9456		5.2 NAF 5.3 STR 5.4 CIT 6.1 TITE 6.2 NAF	ME REET A Y-ST- LE ME REET A	- ZIP NOORESS				

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:

04/17/98

(904) 291-1941

FILED

Apr 24 1998 8:00am

Secretary of State