

4/24/98

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NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARVER, GENE
2750 HIDDEN WATER DR N
GREEN COVE SPRINGS FL 32043**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME **VD
WENDORF, IVAN**
STREET ADDRESS **2240 HIDDEN WATER DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.2 TITLE ☒ DELETE

NAME **SD
MCLELLAN, RUTH**
STREET ADDRESS **2202 HIDDEN WATER DR E**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.3 TITLE ☐ DELETE

NAME **SD
CAILLE, HELEN**
STREET ADDRESS **2744 WOODPECKER RD**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.4 TITLE ☐ DELETE

NAME **SD
LEMAY THOMAS**
STREET ADDRESS **2226 HIDDEN WATERS DR E**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.5 TITLE ☐ DELETE

NAME **SD
HURT, BUFORD W**
STREET ADDRESS **2254 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.6 TITLE ☐ DELETE

NAME **SD
BLACHE AL**
STREET ADDRESS **2774 QUAILS NEST DR**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043-9456**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **SD
FARMER, RHONDA**
STREET ADDRESS **2270 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.2 TITLE ☒ Change ☐ Addition

NAME **SD
MOLDER, LYNN**
STREET ADDRESS **2250 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.3 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **2250 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.4 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **2250 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.5 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **2250 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

1.6 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **2250 HIDDEN WATERS DR W**
CITY-ST-ZIP **GREEN COVE SPRGS FL 32043-9456**

14. I 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.

SIGNATURE:

Helen Caille

Helen CAILLE

04/17/98

(904) 291-1941

CR2E037 (10/97)

FILED
Apr 24 1998 8:00am
Secretary of State

