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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756589

1. Corporation Name

HIDDEN WATERS CIVIC ASSOCIATION, INC.

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

Mailing Address
2786 QUAILS NEST DRIVE
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/03/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2295460

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 **GENE CARVER**

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

(NOTE: Registered Agent signature required when reinstating)

13 April 99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

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

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SD
SHIRLEY, MICHAEL
2144 BLACK CREEK TRAIL
GREEN COVE SPRINGS 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Helen M. Caille** **13 Apr 1999** **291-1941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)