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Mar 17 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 # 757667 (1)  
1. Corporation Name  
HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
3035 66TH AVENUE N., #14 3035 66TH AVENUE N., #14  
ST. PETERSBURG FL 33702-6266 ST. PETERSBURG FL 33702-6266  
US US

3. Date Incorporated or Qualified 04/21/1981 3a. Date of Last Report 11/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONLON, RAY  
3035 66TH AVE N., #14  
ST. PETERSBURG FL 33702

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD
NAME	MYERS, NORMA	1.2 NAME	BETTY MADIGAN
STREET ADDRESS	3035 66TH AVE. N. #62	1.3 STREET ADDRESS	3035 66TH AVE N #41
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG 33702-6266
TITLE	VPD	2.1 TITLE	STD
NAME	MYERS, NORMA	2.2 NAME	KAREN MALEY
STREET ADDRESS	3035 66TH AVE. N. #16	2.3 STREET ADDRESS	3035 66TH AVE N #97
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702-6266
TITLE	STD	3.1 TITLE	
NAME	MACCORMACK, ELSIE H	3.2 NAME	
STREET ADDRESS	3035 66TH AVE N. #104	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	CONLON, RAY	4.2 NAME	
STREET ADDRESS	3035 66TH AVE N., #14	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-6266	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	MOLDEN, JAY	5.2 NAME	
STREET ADDRESS	3035 66TH AVE N. #116	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-6266	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	ALLISON, IRENE	6.2 NAME	
STREET ADDRESS	3035 66TH AVE N., #114	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702-6266	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.

CR2E037 (9/96)