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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 757667

1. Corporation Name

HIDDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3035 66TH AVENUE N. #111  
LOT 111  
ST. PETERSBURG FL 33702-6266  
US

Mailing Address

3035 66TH AVENUE N. #111  
LOT 111  
ST. PETERSBURG FL 33702-6266  
US



2. Principal Place of Business

21 3035 66TH AVE N

2a. Mailing Address

2a 3035 66TH AVE N

3. Date Incorporated or Qualified  
04/21/1981

Suite, Apt. #, etc.

22 LOT 111

Suite, Apt. #, etc.

27 LOT 111

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

City & State

23 ST PETERSBURG FL

City & State

28 ST PETERSBURG FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

24 33702

Country

25 PIN

Zip

29 33702

Country

30 PIN

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

MCKEE, CAROL  
3035 66TH AVENUE NORTH, LOT 111  
ST. PETERSBURG FL 33702

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 Carol A. McKee  
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 ☒ DELETE  
NAME MALEY, KAREN  
STREET ADDRESS 3035 66TH AVENUE NORTH, LOT 97  
CITY-ST-ZIP ST. PETERSBURG FL 33702

1.1 TITLE VPD ☒ Change ☐ Addition  
1.2 NAME JACK HAYLOR  
1.3 STREET ADDRESS 3035 - 66TH AVENUE LOT 111  
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33702

TITLE SD ☒ DELETE  
NAME MCALPINE, PAT  
STREET ADDRESS 3035 66TH AVENUE NORTH, LOT 98  
CITY-ST-ZIP ST. PETERSBURG FL 33702

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME JAMES LOCKWOOD  
2.3 STREET ADDRESS 3035-66TH AVENUE LOT 28  
2.4 CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE TD ☐ DELETE  
NAME BAILEY, DONALD  
STREET ADDRESS 3035 66TH AVENUE NORTH, LOT 38  
CITY-ST-ZIP ST. PETERSBURG FL 33702

3.1 TITLE TD ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Carol A. McKee  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/99

Date

727-522-4756

Daytime Phone #

CR2E037 (11/98)