

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # 759353 (6)

1. Corporation Name

HIDDEN LAKE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.



Principal Place of Business

Mailing Address

1212 COURT ST. SUITE B  
CLEARWATER FL 34616

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CLEARWATER FL 34616

3. Date Incorporated or Qualified  
07/28/1981

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2317533

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEZER, STEVEN H. PA  
1212 COURT STREET, STE B  
CLEARWATER FL 34616

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAKKALAPULO, LOUIS	
STREET ADDRESS	1990 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WRIGHT, WILLIAM	
STREET ADDRESS	2180 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FURNEY, TIM	
STREET ADDRESS	2372 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAIOLIE, RAYMOND	
STREET ADDRESS	2138 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FEDENKO, LAURIE	
STREET ADDRESS	2380 HIDDEN LAKE DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEINSTEIN, SHARON	
STREET ADDRESS	2377 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS O'SHEA	
1.3 STREET ADDRESS	2760 WINDING WAY	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS ARMSTRONG	
3.3 STREET ADDRESS	1163 RIDGECREST CT	
3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LEN PETLEV	
5.3 STREET ADDRESS	1123 NORTHRIDGE DR	
5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Raymond D. Maiolie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

813-628-4404

Date Daytime Phone #

CR2E037 (12/95)