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Apr 24 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 # 759353 (6)
1. Corporation Name
HIDDEN LAKE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.



Principal Place of Business: 1212 COURT ST. SUITE B CLEARWATER FL 34616
Mailing Address: 1212 COURT ST. SUITE B CLEARWATER FL 34616-5004

3. Date Incorporated or Qualified: 07/28/1981
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2317533 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MEZER, STEVEN H. PA
1212 COURT STREET, STE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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] (NOTE: Registered Agent signature required when reinstating) DATE: 1/7/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'SHEA, DENNIS	
STREET ADDRESS	2780 WINDING WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, WILLIAM	
STREET ADDRESS	2160 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, THOMAS	
STREET ADDRESS	1183 RIDGECREST CT.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAIOLIE, RAYMOND	
STREET ADDRESS	2138 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETLEV, LEN	
STREET ADDRESS	1123 NORTHRIDGE DRIVE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, SHARON	
STREET ADDRESS	2377 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT GASSEL
2.3 STREET ADDRESS	1970 HIDDEN LAKE DR.
2.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEONARD PETLEV
4.3 STREET ADDRESS	1123 NORTHRIDGE DR.
4.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT PERRY
5.3 STREET ADDRESS	2580 ROLLING OAKS DR.
5.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683
6.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MILORID TOMISMAN
6.3 STREET ADDRESS	1974 HIDDEN LAKE DR
6.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683

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.

SIGNATURE: [Signature] LEONARD PETLEV (TREASURER) 4/22/97 813 787-6054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 006884

CR2E037 (9/96)