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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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~~ ~~1212 COURT ST. SUITE B CLEARWATER FL 34616~~

3. Date Incorporated or Qualified 07/28/1981  
4. FEI Number 59-2317533 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 1299 Main ST 26 1299 Main ST.  
22 Suite, Apt. #, etc. Suite F 27 Suite F  
23 City & State Dunedin FL 28 City & State Dunedin 34698  
24 Zip 34698 25 Country USA 29 Zip FL 30 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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  
81 Name Robert L Tanel P. A  
82 Street Address (P.O. Box Number is Not Acceptable) 1299 Main St. Suite F  
83  
84 City Dunedin FL 85 Zip Code 34698

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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]* DATE 4/11/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	O'SHEA, DENNIS	
STREET ADDRESS	2780 WINDING WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GASSEL, ROBERT	
STREET ADDRESS	1970 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input checked="" 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	PETLEV, LEONARD	
STREET ADDRESS	1123 NORTHBRIDGE DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, ROBERT	
STREET ADDRESS	2580 ROLLING OAKS DR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TOMISMAN, MILORID	
STREET ADDRESS	1974 HIDDEN LAKE DR	
CITY-ST-ZIP	PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEONARD PETLEV, LEONARD	
1.3 STREET ADDRESS	1123 NORTHBRIDGE DR.	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
2.1 TITLE	VICED-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GASSEL, ROBERT	
2.3 STREET ADDRESS	1970 HIDDEN LAKE DRIVE	
2.4 CITY-ST-ZIP	PALM HARBOR, FL.	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOM FUANEY, TIM	
3.3 STREET ADDRESS	2372 HIDDEN LAKE DR.	
3.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
4.1 TITLE	VICE TREASURY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN ZAJAC, JOHN	
4.3 STREET ADDRESS	2554 ROLLING OAKS DR	
4.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	LISA MAYFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2360 TRAQUENOS TRAIL	
6.3 STREET ADDRESS	PALM HARBOR, FL 34683	
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.

SIGNATURE: *[Signature]* LEONARD PETLEV 11/8/98 813-767-6054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002804

CR2E037 (10/97)