


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90113 021 ****61.25

0072813

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 759353					
1. Corporation Name HIDDEN LAKE HOMEOWNERS ASSOCIATION OF PINELLAS, INC.					
Principal Place of Business 1299 MAIN ST STE F DUNEDIN FL 34698 US			Mailing Address 1299 MAIN ST STE F DUNEDIN FL 34698 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/28/1981 4. FEI Number 59-2317533 Applied For Not Applicable. 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	---	--

9. Name and Address of Current Registered Agent TANKEL, ROBERT L PA 1299 MAIN ST STE F DUNEDIN FL 34698				10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETLEY, LEONARD		1.2 NAME	PETLEY, LEONARD			
STREET ADDRESS	1123 NORTHRIDGE DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GASSEL, ROBERT		2.2 NAME	HARRY THEODORUS			
STREET ADDRESS	1970 HIDDEN LAKE DR		2.3 STREET ADDRESS	1151 LEMON TREE LANE			
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	PALM HARBOR FL 34683			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORNEY, TIM		3.2 NAME	FURNEY, TIM			
STREET ADDRESS	2372 HIDDEN LAKE DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 34683		3.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PETLEV, LEONARD		4.2 NAME	MCNEIL, MARIA			
STREET ADDRESS	1123 NORTHRIDGE DR		4.3 STREET ADDRESS	1037 RIDGE DR			
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR FL 34683			
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYFIELD, LISA		5.2 NAME	MIKE KING			
STREET ADDRESS	2360 TRADEWINDS TR		5.3 STREET ADDRESS	970 HIDDEN LAKE CT.			
CITY-ST-ZIP	PALM HARBOR FL 34683		5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, ROBERT		6.2 NAME	ROBERT MCNEIL			
STREET ADDRESS	2580 ROLLING OAKS DR		6.3 STREET ADDRESS	1037 RIDGE DRIVE			
CITY-ST-ZIP	PALM HARBOR FL		6.4 CITY-ST-ZIP	PALM HARBOR FL 34683			

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: MARIA D. MCNEIL 2/25/99 NON-PUB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)