


FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am  
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>07/28/1981</b>	4. FEI Number <b>59-2317533</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>TANKEL, ROBERT L PA 1299 MAIN ST STE F DUNEDIN FL 34698</b>	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 Date: 2/25/99 Daytime Phone: NON-PUB

CR2E037 (11/98)