

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Northern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 9:58

DOCUMENT # 770510 (6)
1. Corporation Name
HIDDEN OAKS CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3303 HIDDEN TIMBER LANE WINTER PARK FL 32782

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1983** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-2517749** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**YOUNG EDWARD L
949 MARQUETTE CT
DELTONA FL 32725**

10. Name and Address of New Registered Agent
81 Name **Hudson, Shirley**
82 Street Address (P.O. Box Number is Not Acceptable) **3303 Hidden Timber Lane**
83
84 City **Winter Park, FL** 85 Zip Code **32792**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Shirley Hudson** **Shirley Hudson** DATE **4/16/95**

12. OFFICERS AND DIRECTORS	
TITLE	PD WALLINGTON, ELAINE
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD WILLIAM "BERT" KEENER
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	TD WALLACE, SALLY
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VD HOLT, EDWARD
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	PD GRAVES, LEWIS
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D KROGER, LORI
NAME	3303 HIDDEN TIMBER LANE WINTER PARK FL
STREET ADDRESS	
CITY - ST - ZIP	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hartmann, Eva
2.3 STREET ADDRESS	3303 Hidden Timber Lane
2.4 CITY - ST - ZIP	Winter Park, FL 32792
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Holt, Edward
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Graves, Lewis
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gambino, Charles
6.3 STREET ADDRESS	3303 Hidden Timber Lane
6.4 CITY - ST - ZIP	Winter Park, FL 32792

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 Statute. 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: **Edward J Holt** DATE: **4/20/95** PHONE: **657-2465**