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Jan 31 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 # 770510 (6)
1. Corporation Name

HIDDEN OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3303 HIDDEN TIMBER LANE WINTER PARK FL 32792
3303 HIDDEN TIMBER LANE WINTER PARK FL 32792-6572

3. Date Incorporated or Qualified 09/29/1983
3a. Date of Last Report 07/23/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2517749
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, SHIRLEY
3303 HIDDEN TIMBER LANE
WINTER PARK FL 32792

61 Name SALLY WALLACE
62 Street Address (P.O. Box Number is Not Acceptable) 3303 HIDDEN TIMBER LANE
63
64 City WINTER PARK FL 65 Zip Code 32792

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 SALLY WALLACE *Sally Wallace*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

1/17/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALLINGTON, ELAINE	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARTMANN, EVA	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WALLACE, SALLY	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, EDWARD	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, EDWARD	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAMBINO, CHARLES	
STREET ADDRESS	3303 HIDDEN TIMBER LANE	
CITY-ST-ZIP	WINTER PARK FL	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LYDIA RAMOS PUIG	
1.3 STREET ADDRESS	3303 HIDDEN TIMBER LANE	
1.4 CITY-ST-ZIP	WINTER PARK FL 32792	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GLSA MENDES	
2.3 STREET ADDRESS	3303 HIDDEN TIMBER LANE	
2.4 CITY-ST-ZIP	WINTER PARK FL 32792	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIM LANG-BOTH	
3.3 STREET ADDRESS	3303 HIDDEN TIMBER LANE	
3.4 CITY-ST-ZIP	WINTER PARK FL 32792	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SALLY WALLACE *Sally Wallace*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 (407) 657-2465
Date Daytime Phone # 0015519

CR2E037 (9/96)