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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770707** (8)

1. Corporation Name

THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

2180 W SR 434
STE 5000
LONGWOOD FL 32779
US

3. Date Incorporated or Qualified

10/12/1983

4. FEI Number

59-2519482

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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Suite, Apt. #, etc.

27 City & State

28 Zip Country

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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

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME EVERLY, MICHELE
STREET ADDRESS 129 HIDDEN ARBOR CT.
CITY-ST-ZIP SANFORD FL

TITLE TD ☒ DELETE

NAME AMBROSE, STEVEN
STREET ADDRESS 204 ARBOR CIRCLE
CITY-ST-ZIP SANFORD FL

TITLE D ☒ DELETE

NAME MITCHEN, ANDEKA
STREET ADDRESS 109 HIDDEN ARBOR CT
CITY-ST-ZIP SANFORD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME MANSER, JOHN
2.3 STREET ADDRESS 545 LAKESHORE CIR
2.4 CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME FARACCHIO, DEAN
3.3 STREET ADDRESS 217 ARBOR CIR
3.4 CITY-ST-ZIP SANFORD FL 32773

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: Michelle Everly Michelle Everly

3-20-98

CR2E037 (10/97)