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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770707

1. Corporation Name
THE ARBORS AT HIDDEN LAKE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US	Mailing Address 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 10/12/1983	4. FEI Number 59-2519482 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				10. Name and Address of New Registered Agent			
HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 5000 LONGWOOD FL 32779				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 _____ 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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERLY, MICHELE	1.2 NAME	
STREET ADDRESS	129 HIDDEN ARBOR CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSKER, JOHN	2.2 NAME	GENTILE, JEANETTE
STREET ADDRESS	545 LAKESHORE CIR	2.3 STREET ADDRESS	2313 S. PENINSULA DR
CITY-ST-ZIP	LAKE MARY FL 32746	2.4 CITY-ST-ZIP	DAYTONA BEACH FL 32118
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARACCHIO, DEAN	3.2 NAME	FERGUSON, SHIRLEY
STREET ADDRESS	217 ARBOR CIR	3.3 STREET ADDRESS	204 ARBOR CIR
CITY-ST-ZIP	SANFORD FL 32773	3.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	EARL, GARY
STREET ADDRESS		4.3 STREET ADDRESS	207 ARBOR CIR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANFORD FL 32773
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: M. Katherine Harris **REQUIRED** Date: 2/17/99 Daytime Phone #: 407 767 1200

CR2E037 (1/1/98)