FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50992** **(7)**

1. Corporation Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
11259 COMMODORE LANE ORLANDO FL 32836 US	11480 SUZANNE LN. ORLANDO FL 32836 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 Box 108
Suite, Apt. #, etc.: 22 ORLANDO
City & State: 23 FL.
Zip: 24 32836 Country: 25 USA

2a. Mailing Address
26 8831 FIGHTING IRISH LN
Suite, Apt. #, etc.: 27
City & State: 28 ORLANDO FL
Zip: 29 32836 Country: 30 USA

4. FEI Number: **59-2627785** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has/will be filing tax liability pursuant to Chapter 220 of the Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCFARLANE, ARTHUR P
11259 COMMODORE LANE
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name: JAMES STRUCKETTE
82 Street Address (P.O. Box Number is Not Acceptable): 8831 FIGHTING IRISH LN
83
84 City: ORLANDO FL 85 Zip Code: 32836

11. Pursuant to the provisions of Section 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: James Struckette 8831 Fighting Irish Ln. Orlando Fl. 32836
(Signature of new registered agent, if changed) (Address, City, State and Zip Code of new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☒ Change ☐ Addition VP.
NAME	PETERS, GERI	12 NAME	NORMAN BECKER
STREET ADDRESS	11625 ALEPAT LN.	13 STREET ADDRESS	8841 FIGHTING IRISH LN
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	ORLANDO, FL. 32836
TITLE	S	21 TITLE	☒ Change ☐ Addition S.
NAME	SNYDER, RUTH M	22 NAME	AMADO BoBADILLA
STREET ADDRESS	8856 CRIMSON TIDE LANE	23 STREET ADDRESS	11692 JUREANE DR
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	ORLANDO FL. 32836
TITLE	T	31 TITLE	☒ Change ☐ Addition T
NAME	PATTERSON, RALPH E	32 NAME	ANN KUHNS
STREET ADDRESS	8882 FIGHTING IRISH LN.	33 STREET ADDRESS	8839 TAR HILL LN
CITY ST ZIP	ORLANDO FL	34 CITY ST ZIP	ORLANDO, FL. 32836
TITLE	D	41 TITLE	☐ Change ☐ Addition D
NAME	SNYDER, RUTH M	42 NAME	RUTH SNYDER
STREET ADDRESS	8856 CRIMSONS TIDE LANE	43 STREET ADDRESS	8856 CRIMSON TIDE LN
CITY ST ZIP	ORLANDO FL	44 CITY ST ZIP	ORLANDO, FL. 32836
TITLE	D	51 TITLE	☐ Change ☐ Addition D.
NAME	KUHNS, ANN	52 NAME	GERI PETERS
STREET ADDRESS	8839 TAR HILL LANE	53 STREET ADDRESS	8928 TAR HILL LN
CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	ORLANDO, FL. 32836
TITLE	D	61 TITLE	☒ Change ☐ Addition D
NAME	PETERS, GERI	62 NAME	ARTHUR MCFARLANE
STREET ADDRESS	8928 TAR HILL LANE	63 STREET ADDRESS	11259 COMMODORE LN
CITY ST ZIP	ORLANDO FL	64 CITY ST ZIP	ORLANDO, FL. 32836

14. I/We 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Arthur J McFarlane Arthur J McFarlane Feb 21 95 407 239-7231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0065168 CP