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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H50992 (7)

1. Corporation Name

HIDDEN VALLEY MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

HIDDEN VALLEY
BOX 108
ORLANDO, FL. 32836

11480 SUZANNE LN.
ORLANDO, FL. 32836

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

04/08/85

04/10/96

4. FEI Number

Applied For

59-2627785

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

McCULLOUGH, RICHARD
11631 JUREANE DR.
ORLANDO, FL. 32836

81 Name

SCHMALTZ, RAYMOND

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

8877 ORIMSON TIDE LANE

83

84 City

ORLANDO

FL

85

Zip Code
32836

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

RAYMOND SCHMALTZ

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

(NOTE: Registered Agent signature required when re-registering)

DATE

3-7-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SCHMALTZ, RAYMOND
STREET ADDRESS 8877 ORIMSON TIDE LN.
CITY-ST-ZIP ORLANDO, FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S/D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WARMUTH, LEILA
STREET ADDRESS 11668 JUREANE DR.
CITY-ST-ZIP ORLANDO, FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME OASE, RALPH
STREET ADDRESS 8939 TAR HILL LN. ORLANDO, FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME LITTLE, EARL
STREET ADDRESS 11632 JUREANE DR
CITY-ST-ZIP ORLANDO, FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME McCULLOUGH, RICHARD
STREET ADDRESS 11631 JUREANE DR.
CITY-ST-ZIP ORLANDO, FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME STALLARD, GORDON
STREET ADDRESS 11649 JUREANE DR ORLANDO, FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-97

Date

407-2381236

Daytime Phone #

CR2E037 (9/96)