

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** H50992 (7)  
1. Corporation Name  
**HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>HIDDEN VALLEY 11631 JUREANE DR ORLANDO FL 32836 US</b>	Mailing Address <b>11631 JUREANE DR ORLANDO FL 32836 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/08/1985</b>	4. FEI Number <b>5962627785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**BOHMALTZ, RAYMOND  
8877 CRIMSON TIDE LANE  
ORLANDO FL 32836**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 obligation of Section 617.0503, Florida Statutes.  
SIGNATURE *Raymond Bohmaltz* DATE **2/23/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOHMALTZ, RAYMOND</b>	1.2 NAME <b>BOWERS, ORDELIA</b>
STREET ADDRESS	<b>8877 CRIMSON TIDE LANE</b>	1.3 STREET ADDRESS <b>11348 COMMODORE LN</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	1.4 CITY-ST-ZIP <b>ORLANDO FL 32836</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARMUTH, LEILA</b>	2.2 NAME <b>RAGER, FLOYD</b>
STREET ADDRESS	<b>11668 JUREANE DR</b>	2.3 STREET ADDRESS <b>11328 COMMODORE LN</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	2.4 CITY-ST-ZIP <b>ORLANDO FL 32836</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASE, RALPH</b>	3.2 NAME <b>MATHEWS, JUDY</b>
STREET ADDRESS	<b>8939 TAR HILL LN</b>	3.3 STREET ADDRESS <b>11681 JUREANE DR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	3.4 CITY-ST-ZIP <b>ORLANDO FL 32836</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTLE, EARL</b>	4.2 NAME
STREET ADDRESS	<b>11632 JUREANE DR.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	4.4 CITY-ST-ZIP
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOGULLOUGH, RICHARD</b>	5.2 NAME
STREET ADDRESS	<b>11631 JUREANE DR</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	5.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALLARD, GORDON</b>	6.2 NAME
STREET ADDRESS	<b>11649 JUREANE DR</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	6.4 CITY-ST-ZIP

14. I hereby certify that the information reported 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 *Raymond Bohmaltz* DATE **2/23/98** (407) 238-1236  
000002445470  
-03/03/98--01011--035  
\*\*\*61.25

CR2E037 (10/97)