

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90010 039 ***150.00

DOCUMENT # H50992

1. Corporation Name

HIDDEN VALLEY MOBILE HOME OWNERS ASSOCIATION, IN
C.

Principal Place of Business

HIDDEN VALLEY
11631 JUREANE DR
ORLANDO FL 32836
US

Mailing Address

11631 JUREANE DR
ORLANDO FL 32836
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMALTZ, RAYMOND
887 ORIMSON TIDE LANE
ORLANDO FL 32836

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

(Not a Registered Agent signature required when reinstating)

3/28/99
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

TITLE SD ☒ DELETE

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

TITLE D ☐ DELETE

NAME BOWERS, CORDELIA
STREET ADDRESS 11348 COMMODORE LN
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☒ DELETE

NAME RAGER, FLOYD
STREET ADDRESS 11328 COMMODORE LN
CITY-ST-ZIP ORLANDO FL 32836

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 607, 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: RAYMOND SCHMALTZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99
Date

Daytime Phone #

0102845

CR2E034 (11/98)