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MAY - 1 AM 8:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
MARION H. WINTER
Secretary of State
1111 W. WASHINGTON STREET, TALLAHASSEE, FLORIDA 32304-2500



DOCUMENT # K13579 (3)

1. Corporation Name
HIDDEN LAKES ESTATES, INC.

Principal Office Location: **P.O. BOX 1416 COCOA BEACH FL 32931**

Mailing Address: **P.O. BOX 1416 COCOA BEACH FL 32931**

2. Principal Office of Business: **21**

2a. Mailing Address: **26**

State, Apt. # or: **22**

City & State: **23**

Zip: **24** Country: **25**

City & State: **27**

City & State: **28**

Zip: **29** Country: **30**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Creation: **02/02/1988**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2954649**

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

6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under 5, 18B, 18C, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**MOEHLE, CHARLES F.
65 COUNTRY CLUB ROAD
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

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 607.0603 and 607.1108, 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 607.0602, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: PSTD MOEHLE, CHARLES F.	12.2 STREET ADDRESS: 65 COUNTRY CLUB DR COCOA BEACH FL	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY: DS	12.4 STATE ADDRESS: STARLING, JOHN M. 509 PALM AVE TITUSVILLE FL	13.3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12.6 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12.8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.7 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	12.10 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and that the corporation is in good standing under the laws of the State of Florida. I further certify that the information supplied in 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 at the time of filing this report as required by Chapter 222, Florida Statutes, and that my name appears in the annual report or supplemental annual report with an allowance with an allowance.

SIGNATURE: *Charles F. Moehle* **Charles F. Moehle** 4/21/95 (407) 783-1712
president