

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01388 (0)

1. Corporation Name

HIDDEN HILLS HOMEOWNERS ASSOCIATION, INC. OF JAC
KSONVILLE

Principal Place of Business

12215 SPRINGMOOR 5 CT
JACKSONVILLE FL 32225
US

Mailing Address

12215 SPRINGMOOR 5 CT
JACKSONVILLE FL 32225
US



3. Date Incorporated or Qualified
02/10/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22

Suite Apt. #, etc.

27

Suite Apt. #, etc.

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

23

City & State

28

City & State

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

24

Zip

Country

29

Zip

Country

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

PURSER, KENT
12215 SPRINGMOOR 5 CT
JACKSONVILLE FL 32225

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PURSER, KENT
STREET ADDRESS
12215 SPRINGMOOR 5 CT
CITY-ST-ZIP
JACKSONVILLE FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
PURSER, KENT
STREET ADDRESS
12215 SPRINGMOOR 5 CT
CITY-ST-ZIP
JACKSONVILLE FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
TD
ERIC HART
4301 Springmoor Dr. West
Jacksonville, FL 32225

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
ASSMANN, CAROL
STREET ADDRESS
11640 HIDDEN HILLS DRIVE
CITY-ST-ZIP
JACKSONVILLE FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SD
DAVID GARRETT
4125 STOWE RUN LN
Jacksonville, FL 32225

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENT L. PURSER

25 Apr 96 9043535051

Date

Daytime Phone

CR2E037 (12/95)