FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:35
TALLAHASSEE, FLORIDA
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****130.00 ****130.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # N04161 (8)

1. Corporation Name
HIDDEN COVE HOMEOWNERS ASSN. OF WINTER HAVEN, INC.

Principal Place of Business	Mailing Address
HIDEAWAY LANE P.O BOX 900 WINTER HAVEN, FL. 33883-0900	HIDEAWAY LANE P.O BOX 900 WINTER HAVEN FL. 33883-0900

3. Date Incorporated or Qualified: 7-15-1964
3a. Date of Last Report: 3-14-1994
4. FEI Number: 59-3959347 (Applied For / Not Applicable)

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
~~DOREEN M. WALL~~ PHYLLIS CHRISTIE ~~39 HIDEAWAY LN~~ 53 WOODSIDE LANE WINTER HAVEN FL. 33881	81 Name: DOREEN M. WALL 82 Street Address (P.O. Box Number is Not Acceptable): 39 HIDEAWAY LN. 83 84 City: WINTER HAVEN FL 85 Zip Code: 33881

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: Doreen M. Wall — 4-17-95
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 / NAME / STREET ADDRESS / CITY ST ZIP	P/D DAVID A HARRINGTON 1 HIDEAWAY LN WINTER HAVEN FL 33881	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P/D PHYLLIS CHRISTIE 53 WOODSIDE LN WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1st V.P/D JACK SHAPLEY 97 HIDEAWAY LN WINTER HAVEN FL 33881	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	1st V/D STANLEY MOORE 94 HIDEAWAY LN. WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	2nd V.P/D JERRY RUDOLPH 45 HIDEAWAY LN. WINTER HAVEN FL 33881	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	2nd V/D ADA HINDS. 47 HIDEAWAY LN WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T. PHYLLIS CHRISTIE 53 WOODSIDE LN WINTER HAVEN FL 33881	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	T. DOREEN M WALL 39 HIDEAWAY LN WINTER HAVEN FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S. STANLEY MOORE 94 HIDEAWAY LN WINTER HAVEN FL 33881.	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	S. MILDRED FIX. 19 HIDEAWAY LN WINTER HAVEN FL 33881.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	RESIGNED EFFECTIVE MAY 1	☐ Change ☐ Addition

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)(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: Doreen M Wall — 4.17.95 — 813-422-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
DOREEN M. WALL