

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06966 (8)
1. Corporation Name
HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2107 HIDDEN GROVE LANE #33A MERRITT ISLAND FL 32953	Mailing Address 2107 HIDDEN GROVE LANE #33A MERRITT ISLAND FL 32953
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3. Date Incorporated or Qualified 01/04/1985	3a. Date of Last Report 09/13/1995
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2. Principal Place of Business 21 2107 Hidden Grove Lane Suite, Apt. #, etc. #31B City & State 23 Merritt Island, FL Zip 24 32953-5215 Country 25 BREVARD	2a. Mailing Address 26 2107 Hidden Grove Lane Suite, Apt. #, etc. #31B City & State 28 Merritt Island, FL Zip 29 32953-5215 Country 30 BREVARD
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4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GOLDMAN, MITCHELL
96 WILLARD STREET
SUITE 302
COCOA FL 32922**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE D	MOCKLER, HUBERT B.	<input checked="" type="checkbox"/> DELETE
NAME	2107 HIDDEN GROVE LANE UNIT 33B	
STREET ADDRESS	MERRITT ISLAND FL 32953	
CITY-ST-ZIP		
TITLE D	MARTIN, CHARLES	<input checked="" type="checkbox"/> DELETE
NAME	2107 HIDDEN GROVE LANE UNIT 32A	
STREET ADDRESS	MERRITT ISLAND FL 32953	
CITY-ST-ZIP		
TITLE D	REHM, CHARLES	<input checked="" type="checkbox"/> DELETE
NAME	2107 HIDDEN GROVE LANE UNIT 33A	
STREET ADDRESS	MERRITT ISLAND FL 32953	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERARD F. RYAN	
1.3 STREET ADDRESS	2107 Hidden Grove Lane, #31B	
1.4 CITY-ST-ZIP	Merritt Island FL 32953-5215	
2.1 TITLE D	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES REHM	
2.3 STREET ADDRESS	2107 Hidden Grove Lane, #36B	
2.4 CITY-ST-ZIP	Merritt Island, FL 32953-5215	
3.1 TITLE D	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PHILIP THORNTON	
3.3 STREET ADDRESS	2109 Hidden Grove Lane, #22A	
3.4 CITY-ST-ZIP	Merritt Island, FL 32953-5215	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	000001761550	
5.2 NAME	-03/28/96--01087--018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	***\$61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

PHILIP E. THORNTON DIRECTOR

03-20-96

Date

407-453-7732

Daytime Phone #

CR2E037 (12/95)