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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06966

1. Corporation Name
HIDDEN GROVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2107 HIDDEN GROVE LANE #31B MERRITT ISLAND FL 32953-5215	Mailing Address 2107 HIDDEN GROVE LANE #31B MERRITT ISLAND FL 32953-5215
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2. Principal Place of Business 21 2107 HIDDEN GROVE LANE Suite, Apt. #, etc. #36-B City & State MERRITT ISLAND, FL Zip 32953	2a. Mailing Address 26 2107 HIDDEN GROVE LN. Suite, Apt. #, etc. #36-B City & State MERRITT ISLAND, FL Zip 32953	3. Date Incorporated or Qualified 01/04/1985	4. FEI Number 59-3373079	Applied For Not Applicable
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		

9. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL
98 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD.	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, GERARD	
STREET ADDRESS	2107 HIDDEN GROVE LANE UNIT 31B	
CITY-ST-ZIP	MERRITT ISLAND-FL	
TITLE	VPD.	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, THERESA	
STREET ADDRESS	2107 HIDDEN GROVE LN, #31-A	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GROOME, DENISE	
STREET ADDRESS	2107 HIDDEN GROVE LN #35-B	
CITY-ST-ZIP	MERRITT ISLAND FL	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REHM, CHARLES	
1.3 STREET ADDRESS	2107 HIDDEN GROVE LN, #36-B	
1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RYAN, GERARD	
2.3 STREET ADDRESS	956 PELICAN LANE	
2.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
3.1 TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	REHM, DENISE	
3.3 STREET ADDRESS	2107 HIDDEN GROVE LN, #36-B	
3.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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 617, 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 empower.

SIGNATURE: SIGNATURE REQUIRED Denise Rehm, 3/22/99 (407)-452-2824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)