

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 # N08128 (3)

1. Corporation Name

HIDDEN LAKE OWNERS' ASSOCIATION, INC.



Principal Place of Business: **7304 NW 21ST WAY GAINESVILLE FL 32606**
Mailing Address: **7304 NW 21ST WAY GAINESVILLE FL ~~32606~~ 32653**

3. Date Incorporated or Qualified: **03/13/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26 7304 NW 21ST WAY**
Suite, Apt. #, etc.: **22**
City & State: **23 GAINESVILLE FL**
City & State: **27 GAINESVILLE FL**
Zip: **24 32653** Country: **25**
Zip: **29 32653** Country: **30**

4. FEI Number: **59-2698301** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MATTSON, KERMIT
7410 NW. 21ST WAY
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent
81 Name: PATRICIA L. RIDDLE
82 Street Address (P.O. Box Number is Not Acceptable): 7331 NW 21ST WAY
83
84 City: GAINESVILLE FL 85 Zip Code: 32653

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: **PATRICIA L. RIDDLE** *Patricia L. Riddle* **4/30/96**
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	MATTSON, KERMIT	
STREET ADDRESS	7410 NW 21ST WAY	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WICKHAM, DAVID	
STREET ADDRESS	7314 NW 21ST CT	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KASNIC, MARTHA L	
STREET ADDRESS	7303 NW 21ST WAY	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MATTSON, BARBARA L	
STREET ADDRESS	7324 NW 21ST WAY	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	BOUDROT, JOHN	
STREET ADDRESS	7405 NW 21ST WAY	
CITY - ST - ZIP	GAINESVILLE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PATRICIA L. RIDDLE	
1.3 STREET ADDRESS	7331 NW 21ST WAY	
1.4 CITY - ST - ZIP	GAINESVILLE, FL 32653	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID WICKHAM	
2.3 STREET ADDRESS	7314 NW 21ST CT.	
2.4 CITY - ST - ZIP	GAINESVILLE, FL 32653	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARTHA L. KASNIC	
3.3 STREET ADDRESS	7303 NW 21ST WAY	
3.4 CITY - ST - ZIP	GAINESVILLE, FL 32653	
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GAYLYNN EDWARDS	
4.3 STREET ADDRESS	2132 NW 74 TH PL.	
4.4 CITY - ST - ZIP	GAINESVILLE, FL 32653	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN GIBSON	
5.3 STREET ADDRESS	2123 NW 72 ND PL.	
5.4 CITY - ST - ZIP	GAINESVILLE, FL 32653	
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 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: *Martha L. Kasnic* **Martha L. Kasnic** **4-30-96** **(352) 373-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CRE037 (12/95)